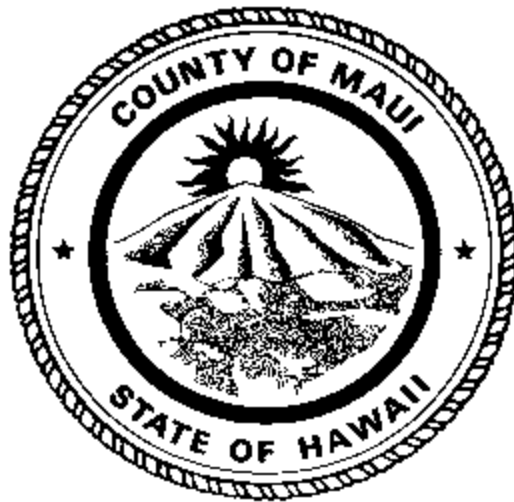


Maui County Office On Aging

Four-Year Area Plan

October 1, 2003 - September 30, 2007



**County of Maui
MAUI COUNTY OFFICE ON AGING
200 S. High Street, 4th Floor
Wailuku, Hawaii 96793**

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Verification of Intent

This Area Plan on Aging is hereby submitted for the

County of Maui

for the period _____ October 1, 2003 _____ through _____ September 30, 2007 _____

It includes all assurances and plans to be followed by the _____

Maui County Office on Aging

under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people in the planning and service area.

The Area Plan has been developed in accordance with the uniform format issued by the Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

Date

Signed _____
Area Agency Director

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

Date

Signed _____
Chairperson
Area Agency Advisory Council

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

Date

Signed _____
Mayor or Chairperson of the County Council

Executive Summary

The Area Plan on Aging is a comprehensive document containing data, estimates, and strategies used by the Maui County Office on Aging in planning its goals, objectives, action steps and proposed program funding for the period October 1, 2003 to September 30, 2007.

While the writing of this plan is primarily the work of the staff of the Maui County Office on Aging, the substance of the goals, objectives, and action steps can be attributed to those older adults, aging network staff, Council on Aging members, and interested individuals who took the time and effort to participate in the Needs Assessment on Aging and who participated in district community meetings held throughout the County during the fall of 2002 and the spring of 2003.

The primary funding sources for most of the programs and services described in this area plan include the federal government, through the Older Americans Act of 1965, as amended; the State of Hawaii, through its purchase of service (POS) funds; and the County of Maui. It is due in large part to each of these sources that Maui County is afforded such a comprehensive coordinated network of aging services.

The population overall is aging, but even more so in Hawaii. The number of Maui County's older adults is increasing, older adults are living longer, and becoming more sophisticated, and their needs are becoming more diverse. A few of the factors that the aging network needs to address include changes in the family structure that affect caregiving, government requires more information and streamlined public programs, and taxpayers demand greater accountability.

Because of these evolving trends, MCOA is relying more on the community. Cooperative and collaborative are the key words when times are tough. These key words are found throughout the objectives and action steps portion of the area plan. The purpose is to stretch our resources to the maximum and yet maintain quality service to the older adult clients.

The area plan calls for a continuing focus on those with the greatest social need, greatest economic need, low income minorities and older individuals residing in rural areas, on improving their ability to access services and programs. Community based and in-home long term care services are given priority in both funded and non-funded activities.

MCOA and the contracted service providers in coordination with the Hawaii State Executive Office on Aging have implemented the Kupuna Care Program. The program is a restructured home and community-based care to increase access and address the long term care needs of the frail who are advancing in age. MCOA is continuing to coordinate the Community Voices Project to empower residents to self-determine projects that address the need of the older adults loved ones and their needs as caregivers in their respective districts. In coordination with the Maui Long Term Care Partnership, this project will become integrated with the Regional Community Long Term Care Planning Groups.

Other initiatives in the area plan include programs that rely on individuals and organizations volunteering their resources to provide advocacy, counseling, gap services, and home repair and renovation. These programs include SAGEWATCH, Sage Plus, Maui Interfaith Volunteer Caregivers, and volunteer home renovation.

Several things can be done locally to improve the situation of our current and future older adults. MCOA seek volunteers to identify and help older adults who are frail and need assistance. MCOA also seeks partnership and cooperative ventures with the private sector to coordinate events and special projects that promote the older adults. This area plan also seeks to promote health, benefits, aging issues and older adults' rights. These are endeavors that all of us can accomplish by working together.

The Maui County Office on Aging welcomes your attention to this plan. We are also interested in your thoughts on any issues concerning the County's older adults. Please call, write or drop by one of our offices .

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INTRODUCTION

Introduction

A. Orientation to AAA Plan

This Area Plan is a document submitted by the Maui County Office on Aging(MCOA) to the Executive Office on Aging (EOA) in compliance with the Older Americans Act (OAA) and for the receipt of sub-grants or contracts from the Executive Office on Aging's Title III grant. It contains a detailed statement describing the Area Agency's strategy for the development of a comprehensive and coordinated system in accordance with all federal requirements. The period of time covered by this plan is October 1, 2003 to September 30, 2007.

This plan is made up of four major parts. Part I provides an overview of the older adult population of Maui County and the programs and services available. Part II describes the context in which programs and services are developed. Part III provides specific goals, objectives, and plans for action over the next four years. Part IV summarizes the plan for allocating funds for access, in-home, legal assistance, and community-based services received under Title III of the OAA and State Funds. This section also includes the previous year's expenditures of public funds. The Appendices provide assurances made by the Area Agency on Aging and other pertinent information.

B. An Overview of the Aging Network

National

As a result of the Older Americans Act passed by Congress in 1965, a social services and nutrition services program for America's older adults was established. In addition, State and Area Offices on Aging were established and a nationwide "Aging Network" was created. The purpose of this "Network" is to assist older adults to meet their physical, social, mental health, and other needs and to maintain their well-being and independence.

The Administration on Aging heads the Aging Network on the federal level. Directed by the Assistant Secretary on Aging, it is the agency that awards Title III funds to the states and monitors and assesses state agencies which administer these funds. (See Chart 1)

Chart 1

National Aging Services Network



State

The Executive Office on Aging is the designated lead agency in the network at the State level. The 2000 amendments to the Older Americans Act require the Executive Office on Aging to plan for and to offer leadership at both the state and local levels in the coordination of the delivery of access, home, and community services to the older adult population. This Office is responsible for statewide:

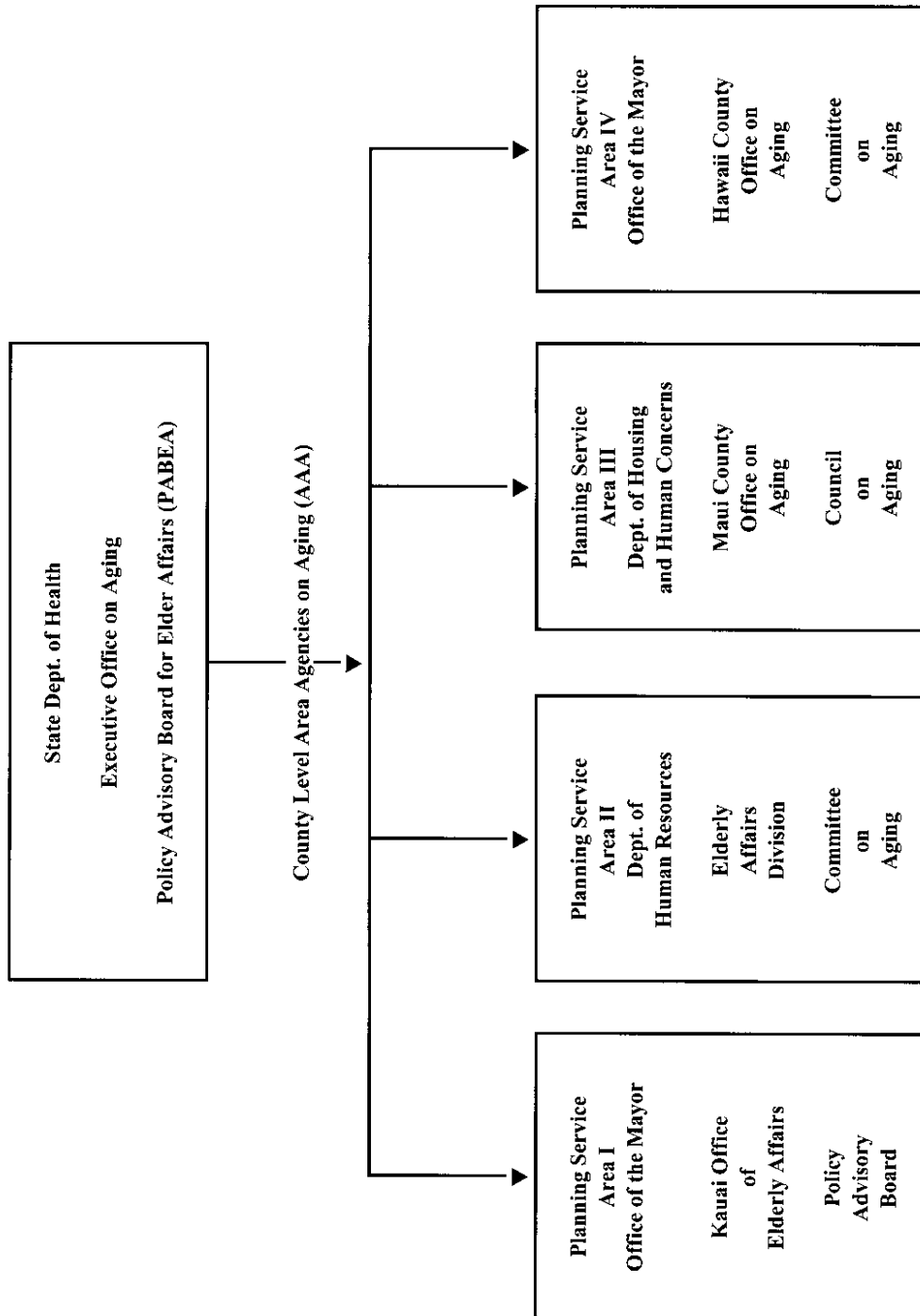
- * planning
- * policy and program development
- * advocacy
- * research
- * information and referral
- * coordination of services provided by public and private agencies for our elders and their families.

Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elder Affairs (PABEA) which assists by advising on the development and administration of the State Plan and conducting public hearings on the State Plan, by representing the interests of older persons, and by reviewing and commenting on other State plans, budgets and policies which affect older persons.

The Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State -- namely, Kauai, Honolulu, Maui, and Hawaii -- as planning and service areas. Kalawao County on the island of Molokai, currently under the administrative jurisdiction of the State Department of Health, is included in the Maui Planning and Service Area. (See Chart 2)

Chart 2

State Network on Aging



Local

The Area Agency on Aging (AAA) is the agency designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for the planning and service area.

Maui County Office on Aging is the lead agency in the network for the county planning and service area.

Mission of the Area Agency

The Older Americans Act intends that the Maui County Office on Aging (MCOA) shall be the leader relative to all aging issues on behalf of the older persons in Maui County. As the designated lead agency in the network at the local level, MCOA shall:

Promote and protect the well-being of the older persons in Maui County.

Activities of the Area Agency

In accordance with the Older Americans Act, MCOA shall prepare and develop an area plan for a four year period with such annual adjustments as may be necessary. It shall include the following activities but not limited to:

1. Provide for adequate supportive and nutrition services;
2. Ensure that the Older Americans Act funding levels are followed;.
3. Ensure that all older individuals will have reasonably convenient access to services by establishing and maintaining information and assistance services;
4. Target it's resources to provide these services to older individuals most economically and socially needy, especially those who are low-income minority and older individuals residing in rural areas;
5. Provide technical assistance and share information with service providers and the community;
6. Serve as the advocate and focal point for older individuals by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions affecting older individuals;
7. Establish an advisory council to advise MCOA on developing and administering the area plan, conducting public hearings, representing the interests of older persons, and receiving and commenting on all community policies, programs and actions that affects older persons;
8. Ensure that case management services will not duplicate and will be coordinated with other Federal and State case management services

Staffing of the Area Agency

Paid Staff

MCOA includes the following 15 salaried employees:

- (1) County Executive on Aging
- (3) Program Specialists
- (1) Accountant
- (6) Information/Outreach Aides
- (2) Clerical
- (1) Social Worker
- (1) Agency Information System Clerk

Plans include hiring two additional Information/Outreach Aides, bringing our paid staff total to 17.

Advisory Council

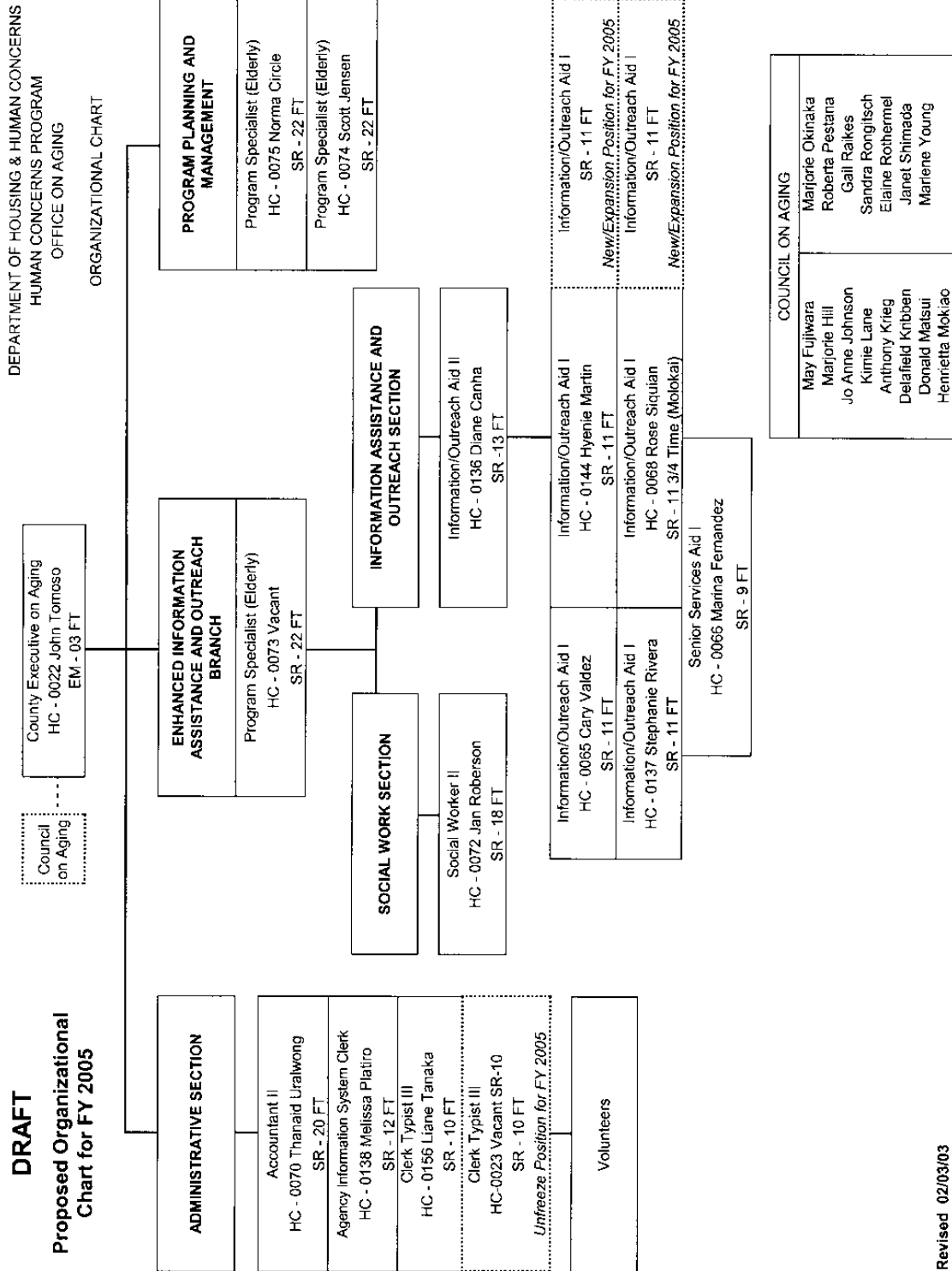
MCOA has established the Council on Aging as it's advisory council to advise the agency on: developing and administering the area plan, conducting public hearings, representing the interests of older persons, and receiving and commenting on all community policies, programs and actions which affect older persons. The Council on Aging is composed of fifteen members who are appointed by the mayor and confirmed by the County Council. Members come from the separate districts and possess varied expertise.

Organizational Structure

The following charts describe the organizational structure of the Area Agency and the local-level network on aging services. (See Charts 3 & 4)

Chart 3

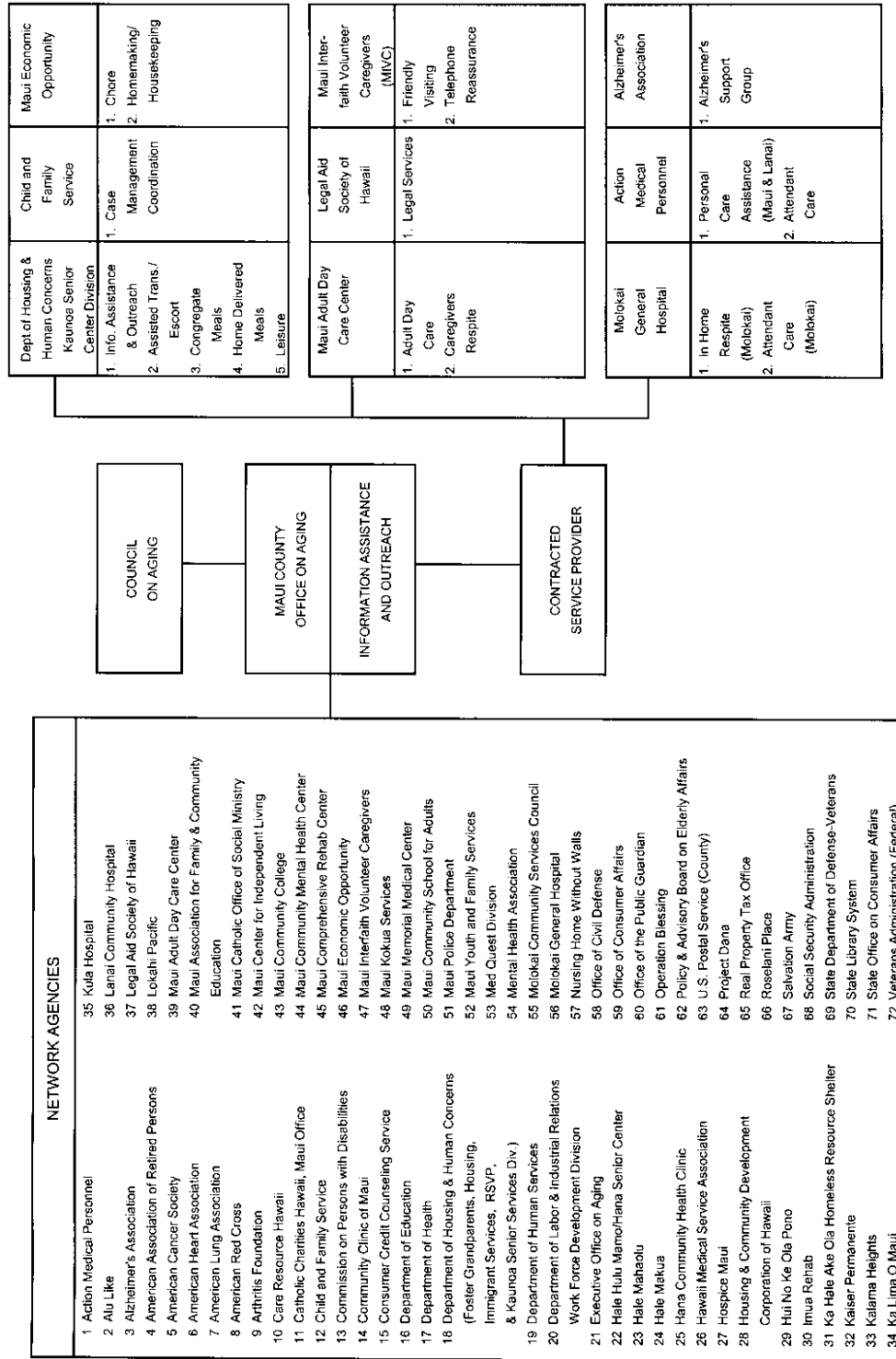
Organizational Chart



Revised 02/03/03

Chart 4

Network Agencies



Introduction

C. Planning Process

Purpose

The planning process established a framework that was used to formulate appropriate strategies to incorporate a comprehensive and coordinated system of services that will help older adults live independently in their homes and their communities as long as possible.

Process

A four-tiered planning process was implemented in the development of the area plan, which included community-wide participation.

1. Identification and Assessment of Needs and Concerns of the Older Individuals

A combination of needs assessment techniques were used to identify and assess the needs and concerns of older persons residing in various geographic locations, and to meet their needs. To surface the issues, multi-sector participation was encouraged. Those invited to participate included older adults, their families, members of the public, private and non-profit communities, professional and para-professional care providers, service providers, community leaders, and other interested individuals who are knowledgeable in aging related issues and services.

a. In-house Research and Desktop Analysis

MCOA gathered and analyzed data from its data base and identified existing trends from published demographic information, reports, research materials and survey results. The information gathered was compared with in-house satisfaction surveys, quarterly reports, and annual reports.

b. Community Survey

Mathematica Policy Research, Inc. conducted a survey with funding from the Robert Wood Johnson Foundation, in conjunction with the Maui Long Term Care Partnership. Since the methodology used far exceeded those previously used by the Maui County Office on Aging, the office decided to rely exclusively on the data released in the Final Report of February 4, 2003.

c. Community Meetings

To prepare for the area plan and Community Voices Project, community meetings were conducted, one for each of the districts of Central/South Maui, Upcountry, West Maui, East Maui, Molokai and Lanai.

The community meetings were held to identify the distinct issues and needs of each locale, and to provide the participants with an opportunity to prioritize services and make recommendations on

issues in their communities. Participants consisted of older adults, caregivers, community leaders, aging specialists, senior club representatives, and community resources who have considerable knowledge in the field of aging.

The community meetings also provided an avenue to follow up with the Community Voices Project. Participants had been previously introduced to the concepts of community strategic planning, asset building and empowering them to focus on issues that will affect them on a day to day basis.

2. MCOA compiled the results of the survey and community meetings, analyzed the performance of services currently provided, and calculated unmet needs. The results were supplemented with additional data from other needs assessment and demographic publications. This data was condensed into a planning guide that was distributed to the Council on Aging for review and reference in March of 2003. Council on Aging members used the data to gain consensus in rank-ordering the services into low, medium and high priority.

3. Formulation of Strategy To Meet Needs and Service Funding Priorities

MCOA utilized the results of the needs assessment to identify the unique concerns of each district and ascertain the issues prevalent throughout the County of Maui. The assessment was used to devise a framework in addressing needs.

To determine funding priorities, funding sources and their requirements were identified utilizing the following criteria:

- a. Is it included in the Kupuna Care Program?
- b. Is it a Title III priority?
- c. Will it serve older individuals with the greatest social and economic need, and the low income minority, and older individuals residing in rural areas?
- d. Are the priority needs addressed?
- e. Is it cost effective? (High potential benefit to cost.)
- f. Is there a high probability for program success?

MCOA, in coordination with EOA and other agencies, will combine its effort with the revitalized Community Voices Project district group to make a difference in the quality of life of the community. The district groups will provide a link in accessing community resources, developing and implementing creative immediate and medium range solutions that are difficult to deliver in a traditional way. They will also use their expertise to aid one another in their community.

4. Development of Action Plans

Based on the formulated strategy, MCOA continues to incorporate the Kupuna Care Program into the goals and objectives for Maui County to meet the needs of the older adult population. Specific action plans that will be implemented within an acceptable time frame were then formulated. The Community Voices Project district groups will help in sustaining community-generated activities and programs and help in reevaluating their needs as a community.

Public Hearings

MCOA conducted separate public hearings in each district to give the community opportunities to comment and respond to the 2003 - 2007 Area Plan on Aging before it is submitted to the Executive Office on Aging. 57 residents attended the following public hearings:

1. Wailuku Community Center - March 31, 2003
2. Maui County Civil Defense - April 1, 2003
3. Molokai's Mitchell Pauole Center - April 2, 2003
4. Lanai Senior Center - April 3, 2003
5. Kihei Community Center - April 4, 2003
6. Lahaina Civic Center - April 7, 2003
7. Hana Council Services - April 8, 2003

Participants' comments ranged from the need to expand services given the ever growing senior population to a desire to see an expanded role for information and outreach services, as well as greater visibility for the Maui County Office on Aging.

Outcomes

The outcome of the planning process is an area plan that addresses the general needs of the older adult population in Maui County, especially the frail and vulnerable who qualify for the Kupuna Care Program. The area plan will consider the unique concerns found in each district and/or island in maintaining current services and in evaluating, planning and developing future programs. The Regional Community Long Term Care Planning Groups will help the area agency to deliver services in a creative way which is difficult to achieve in a traditional setting. Through the Maui Long Term Care Partnership, Maui County was one of only 13 jurisdictions in the country to receive a Robert Wood Johnson Foundation Grant through the Community Partnership for Older Americans Program. The goal is to capacitate the community to care for an increasing aged population by setting into place "continua of care" with an emphasis on in-home and community-based services. The regional planning groups will help the Partnership and this office to identify and define these continua and services. The extensive planning involved in developing the area plan provides a tool for use by organizations both within and outside the aging network, like the Maui Long Term Care Partnership, when developing programs involving older adults in Maui County. The area plan will also serve as an accessible reference and historical document for personal enrichment for students and other individuals wanting to know more about the aging environment of Maui County.

Part I

Overview of the Older Adult Population, Existing Programs and Services, and Unmet Needs

PART I. Overview of Older Adult Population, Existing Programs and Services, and Unmet Needs

A1. Overview of Older Adult Population -- Population Profile

The County of Maui includes four islands with a total land area of 1,161.6 square miles approximately the size of Rhode Island. The entire county is designated as rural. There are seven major geographical districts within the county containing a total population of 128,094 persons. (Maui County Data Book, 2002, pg 14) Major shifts are evident in the State of Hawaii's county's and district's population structure. Lower birth rates, long life expectancy and migration patterns are generating an older population as stated in the 1998 Hawaii Data Book for Older Adults. The 2000 Census confirmed that our population continues to grow, with 19,501 adults age 60 and above living in Maui County, with an additional 65 adults age 60 and over living in Kalawao County. (Maui County Data Book, 2002, pg. 14).

AGE	Number of Older Adults in 2000
60 to 64	4,825
65 to 74	7,750
75 to 84	5,284
85 and over	1,642
TOTAL	19,501

Source: The Maui County Data Book, 2002

Maui's elderly has been growing at a much faster rate (8.4%) than the total population. According to the U.S. Census, Maui County's 60+ population increased by 50% between 1980 and 1990, and had nearly doubled by the year 2000.

	1980 60+ Population	1990 60+ Population	Increase Rate	% of the Population	2000 60+ Population
60+	10,410	15,611	50.0%	15%	19,501
Total Population	70,991	100,504	41.5%	100%	128,241

Sources: 1. The Hawaii Data Book for Older Adults, 1998

Table 2-1

2. Aging in Hawaii: An Environmental Scan, 1992

Page 9

3. Maui County Data Book, 2002

Page 14

The fastest growing age group are the 75 years and older, increasing by 154.9% between 1980 and 2000.

Age	1980	1990	2000	Increase rate between 1990 and 2000	Increase rate between 1980 and 2000
60-64 years	3,342	4,208	4,825	14%	44%
65-74 years	4,543	7,069	7,750	9%	70%
75-84	1,965	3,337	5,284	58%	168%
85 years and over	557	997	1,642	65%	194%

Sources: 1. The Hawaii Data Book for Older Adults, 1998

Table 2-9, Pages 2-23 - 2-25

2. Executive Office on Aging Circular, May 7, 1991

3. Maui County 1999 -2003 Area Plan

Page 20

The composition and the character of the older adult population have also changed since 1980. Now, women represent a larger portion of the population as they grow older. Starting at age 45, the female population surpasses the male population in Maui County. The females, 60 and older outnumber males by 9.5%. In 1996, it is estimated that there are 10,092 older adult females compared to 9,213 older adult males. (The Hawaii Data Book for Older Adults 1998, pgs. 2-23 & 2-25) The reason for this bias in gender ratio is that women tends to live longer than men. Life expectancy for women is 81 years while men has a life expectancy of 75 years (Scanning Hawaii: forces for change in the 1990's, pg. 1). This also explains why there are more women living alone.

1990 Census Data on Living Alone	Living Alone (Male)	Not Living Alone (Male)	Living Alone (Female)	Not Living Alone (Female)
TOTAL	865	6,725	1,680	6,453

Source: The Hawaii Data Book for Older Adults, 1998

Table 6-4, Page 6-9

Maui County's elderly are multi ethnic. The high percentage of immigrant populations, particularly from Asia and the Pacific reflects the diversity of the older adult population. They are composed of immigrants who left the continental United States, Europe, Asia, Canada and other parts of the world at the turn of the century. Ethnic distribution based on 1990 Census is showed in the table below. Census data for 2000 allowed people to self-identify as more than one race.

ETHNICITY	1990 Older Adults (60+)
White	5,174
Black	57
American Indian	12
Asian/ Pacific Islander	10,335
Other	145
TOTAL	15,623

Source: The Hawaii Data Book for Older Adults, 1998

Table 4-1, Page 4-2

More recent immigrant elderly are from the South Pacific islands (e.g. Samoa, Tonga, etc.) and the Southeast Asian countries of the Philippines, Thailand, Vietnam and Cambodia. (Hawaii's Economy, Third Quarter, 1996, pg. 8) Twenty percent of those 60 years old and over are foreign born. The local born elderly are the Hawaiians and the second generation children of the immigrants. The newly retired elderly from the continental United States, Canada and other countries make up the third group of elderly. About 22.3% of the older adults were foreign born and 21% had lived in Hawaii less than 5 years. To illustrate the diversity, the table below shows the place of birth of older adults of Maui County.

Native:	
Born in Hawaii	8,916
Born in other State in the United States:	3,252
Northeast	541
Midwest	1,259
South	372
West	1,080
Born outside the United States:	54
Puerto Rico	8
U.S. outlying area	5
Born abroad of American parent(s)	41
Foreign Born:	3,051

Source: 1. The Hawaii Data Book for Older Adults, 1998
Table 4-15, Page 4-19
2. Hawaii's Economy, 3rd Quarter Report 1996
Page 8

The different Asians ethnic groups represents 57.4% of the elderly population, totaling 8,926. 60.8% are of Japanese ancestry and 33% are of Filipino origin. The Caucasians make up the 32.5% of the elderly population, or a total of 5,048. There are 1,329 who are 60+ Hawaiian/Part-Hawaiian, which is 8.5% of the total elderly population. Estimate of Maui County's ethnic group's are presented on the table below.

Race/Ethnic Groups	Total Population	60-64	65+	60+	60+ as % of Total
All Races	100,374	4,180	11,359	15,539	15.5%
American Indian etc.	485	8	8	16	3.3%
All Asian	40,898	2,216	6,710	8,926	21.8%
Chinese	2,207	84	263	347	15.7%
Filipino	20,385	793	2,241	3,034	14.9%
Japanese	17,029	1,296	4,131	5,427	31.9%
Korean	682	27	45	72	10.6%
Other Asian	595	16	30	46	7.7%
All Pacific Islanders	16,987	436	918	1,354	8.0%
Hawaiian	15,867	425	904	1,329	8.4%
Other Pacific Islanders	1,120	11	14	25	2.2%
Hispanic (of any race)	7,781	180	405	585	7.5%
White (All)	39,766	1,459	3,589	5,048	12.7%
White, not of Hispanic origin	37,348	1,396	3,489	4,885	13.1%

Sources: 1. The Hawaii Data Book for Older Adults, 1998

Table 4-9, Page 4-12

2. Hawaii's Economy, 3rd Quarter Report 1996

Page 8

About 43% of Hawaii's older adults lived in a household in which a language other than English is regularly spoken. Thirteen and a half percent or 2,123 older adults on Maui County were non-English speakers (The Hawaii Data Book for Older Adults 1998, pg. 4-15).

Hawaii's older adults are paradox of diverse influence, wealth, poverty and isolation. Both House Districts 7, 8, 9, 10, 11 and 12 and Senate Districts 4, 5 and 6 have approximately 17,300 older adult residents or 15% of the total population. (The Hawaii Data Book for Older Adults 1998, pgs. 2-14 & 2-18). Roughly 15.8% of the State's personal income is in the hands of older adults. More older adults own their homes but some of them do not have telephones, complete plumbing or vehicle. (The Hawaii Data Book for Older Adults 1998, pg. 7-1)

Living arrangements of healthy older adults strongly influence the long term care arrangements when they become disabled. Among Maui County's older adults living in the community, 2,331 had mobility or self-care limitations (The

Hawaii Data Book for Older Adults 1998, pg. 5-3). In Hawaii, more older adult lived with families compared to their mainland counterpart but there are also increase of elderly living alone. About 40% of the older adults living alone were low income (The Hawaii Data Book for Older Adults 1998, pg. 6-18) and 17% had mobility problem (The Hawaii Data Book for Older Adults 1998, pgs. 5-8 - 5-13 & 5 -21). About 11.3% of the elderly was at or below poverty level (The Hawaii Data Book for Older Adults, pg. 6-18).

As the life expectancy increases, it is expected that older adults with greatest social need will continue to grow. Presently, Maui County has 3,213 physically and/or mentally disabled. Of the 3,213 who has disability, 1,330 are frail and vulnerable, 1,130 are severely disabled and 624 are cognitively impaired (Demographic Characteristics of the 60+ Population by PSA, EOA 6/15/94). Fifteen percent of the elderly population or an equivalent of 2,331 reported mobility or self care limitation (The Hawaii Data Book for Older Adults 1998, pgs. 2-7 & 5-3). This means that they have condition that lasted for 6 or more months which made it difficult for them to perform activities of daily living or go outside the home.

The leading chronic conditions suffered by Maui County older adult residents are hypertension, arthritis and diabetes and the leading causes of death are heart disease, cancer and stroke. It is also estimated that 4% of the elderly population are suffering from Alzheimer's Disease. The Healthy Hawaii 2000 Report cited unintentional and residential injuries as one of the leading causes of death for the elderly in Hawaii, especially in the neighbor islands. It also cited that suicide is largely unrecognized causes of injury and death.

The State of Hawaii has experienced modest continued growth in its total and per capita income. Maui County has expanded throughout 1990, though at a somewhat slower pace and 9.3% of the older adult population are still living below the poverty line.

According to the 1990 census, only 23.4 % or 3,687 of the older adults were designated rural area residents. However, the U.S. Administration on Aging defines rural area as all areas outside incorporated urban areas or Census Designated Places with population 20,000 or more are still considered rural. Based on the U.S. Administration on Aging definition, all districts of Maui County are still designated as rural areas with the exception of the Kahului CDP (Census Designated Place). The classification of the whether it is rural or urban greatly affect distribution of funding.

Geographically, Maui County is comprised of three inhabited islands, Maui, Molokai, Lanai and one uninhabited island.

1. MAUI, known as the "Valley Isle", is the largest island, comprising 728.6 square miles, and is the economic center and seat of County government. Based on 1996 adjusted calculations, the island has a population of 117,644 (Maui County Data Book 2002 , pgs. 12 & 14) with 92% of the county's total population living on this island. It is home to 17,136 elderly who live among the four geographic districts (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25).
 - a. Hana District (Census Tract 301) includes the seacoast towns of Hana, Keanae and Kaupo located at the east end of Maui. 1,855 persons or less than 2% of the County's total population (Maui County Data Book 2002 , pgs. 12 & 14) prefer the tropical isolation of this remote area. A winding, narrow, and poorly maintained road isolates Keanae by an hours' drive from central Maui. Another hours' drive beyond Keanae is the town of Hana. The primary economy of this area is farming and ranching. The 290 elderly (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25) who live here are retired farmers, ranchers, and a few who remained after a sugar plantation closed. This district is very inaccessible to services and the residents have come to rely on each

other for support. Trips to central Maui are scheduled for shopping, leisure and other services. Hana is federally designated Health Professional shortage Area which means it is medically underserved because it has a shortage of health professionals.

- b. Makawao District, (Census Tract 302-305) or Upcountry, is where the smaller towns of Makawao, Pukalani, Kula, Haliimaile, Paia and Haiku are scattered on the quiet lower slopes of Mount Haleakala. These towns are home to 36,476 persons (Maui County Data Book 2002, pgs. 12 & 13) or 28% of the County's total population. The primary economy of these areas are farming, ranching and small business. Many residents of this district commute to central Maui with a 15 to 30 minute drive to work, shopping, play, or to receive services that are not available upcountry. About 4,453 elderly reside in these towns (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25). Upcountry has the highest increase rate of the elderly population.
 - c. Wailuku District (Census Tract 306 - 313), known as Central Maui, includes the towns of Wailuku, Kahului, Puunene, Waihee, Waikapu and Kihei located between Mount Haleakala on the east and the West Maui Mountains. 61,009 or 48% of the County's total population reside in this district (Maui County Data Book 2002, pgs. 12 & 13). Wailuku-Kahului has the greatest concentration of those 60 years and older with 51% residing in this area. This area serves as the island's government, business and commercial center. The island's harbor, airport, sugar plantation, and a pineapple cannery have contributed to the heavy population density of this district. Also, the hospital, and other medical and social services are readily available in this area. The 9,871 elderly of this district are retirees of the sugar and agricultural plantations, hotels, government and businesses (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25). The town of Kihei has become a major tourism and retirement area in recent years because of its sun, sand and surf; but it has also strained by problems commonly found in a rapidly growing community.
 - d. Lahaina District, (Census Tract 314-315) or West Maui, includes the seacoast towns of Lahaina, Kaanapali, Napili, and Honolua. A population of 17,967 persons (Maui County Data Book 2002, pgs. 12 & 13) or 14% of the County's total population live here. Tourism, with its luxury hotels, has replaced a sugar plantation as the primary industry of this area. It is also known as a prime retirement community because of its beaches and sun. There are a few shopping centers, limited medical, and other services. The 2,522 elderly are a mixture of local born retirees (sugar plantation, hotel, small business) and other retirees from all over the world (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25). For many, Central Maui, a 30 minute drive, is still the primary destination for major medical, shopping, and leisure activities.
 2. Lanai District (Census Tract 316) is an island of 140 square miles with the sole town of Lanai City located in the middle of the island. 3,193 residents (Maui County Data Book 2002, pg. 13) live on the "Pineapple" island. Only 2.5% of the entire county's population live on this island. A new major industry of tourism with luxury hotels has recently emerged while its pineapple industry has been phased out. The island has limited commercial, medical, and social resources. Lanai has a large elderly population of 772 elderly (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25) which is approximately 1 out of every 4 resident is an older adult. Most of the elderly are retired laborers of the island's pineapple grower. Many are bachelor immigrant elderly with no family support and limited English comprehension.
 3. Molokai District (Census Tract 317 - 318) is the second largest island of Maui County with 260.9 square miles. The "Friendly Island" includes the small towns of Hoolehua, Kualapuu, Maunaloa, and Kaunakakai, the main town. It is home to 7,404 (Maui County Data Book 2002, pg. 13) residents, which make up 5.8% of the entire county's population. Its major industries are diversified agriculture, tourism, and cattle ranching.

The phase out of pineapple farming has caused a high unemployment rate. Most of the island's 1,352 elderly are retired farmers or pineapple laborers (The Hawaii Data Book for Older Adults 1998, pgs. 2-2, 2-23 & 2-25). Based on the Statewide Primary Care needs assessment on health and socio-economic risk scores, Molokai is relatively high risk.

Kalawao District(Census Tract 319) is a former Hansen's Disease settlement of 13.3 square miles, which is administered by the State hospital system. This district, a northern appendage of Molokai, is isolated by a sheer cliff. It is only accessible by a small airport. Its isolation made it an ideal site where Hansen's disease patients were formerly quarantined. There are only 147 residents now living there who include former and current patients, and support staff of the hospital. This district is very isolated from all resources. The 65 elderly who live there (The Maui County Data Book for 2002, pg. 14) are mostly former patients or their relatives who have chosen to spend their remaining years there. Kalawao is destined as a National Park to be administered by the National Park Services, which is gradually assuming responsibility of the area.

4. Kahoolawe is an uninhabited island of 45 square miles, which was used as a bombing practice range by the Navy and Marine Corps.

Primary References and Sources of Data:

1. The Hawaii Data Book for Older Adults 1998
Executive Office on Aging
State of Hawaii
2. Maui County Data Book 2002
County of Maui
Office of Economic Development, Office of the Mayor
3. Scanning Hawaii: forces for change in the 1990's
Hawaii Community Services Council
4. Hawaii's Economy, Third Quarter , 1996
Department of Business, Economic Development & Tourism

Other References

1. Aging in Hawaii: An Environmental Scan
Executive Office On Aging, Office of the Governor
April 1992
2. Population and Economic Projections For the State of Hawaii to 2020
Report of Results and Methodology, May 1997
Research and Economic Analysis Division
Department of Business, Economic Development, and Tourism

3. 1990 Demographic Characteristics of the 60+ Population by PSA
Executive Office on Aging, Office of the Governor
June 6, 1994

PART I. Overview of Older Adult Population, Existing Programs and Services, and Unmet Needs

A2. Overview of Older Adult Population -- Issues and Areas of Concern

The Maui County Office on Aging conducted an extensive needs assessment to identify the critical needs and areas of concern of older adults. Various needs assessment techniques were applied. The approaches and findings are presented below.

Data collection technique(s) applied:

1. Social, economic and health demographic indicators from:
 - a. Scanning Hawaii: Forces For Change in the 1990s
Hawaii Community Services
 - b. Scanning Hawaii: Forces For Change 1995
Hawaii Community Services
 - c. The Hawaii Data Book for Older Adults
State of Hawaii
Executive Office on Aging, 1998
 - d. Healthy Hawaii 2000,
State of Hawaii
Department of Health, December 1995
 - e. Community-wide Issues Assessment
Maui United Way, January 1998
 - f. Ke Ala Hoku Critical Indicators Reports
Hawaii Community Services Council, 1997-1998
 - g. Consolidated Plan May
State of Hawaii
Housing Finance and Development Corporation 1997
 - h. Primary Care Needs Assessment Data Book
State of Hawaii
Family Health Services Division, Department of Health, February 1996
 - i. The Aging Baby Boom: Implications for Employment and Training Programs
Employment and Training Administration
United States Department of Labor, June 1997
 - j. State of Hawaii Utilization of Inpatient Facilities By County
State Health Planning and Development Agency
Hawaii Department of Health, September 1995
 - k. The Community Partnership for Older Adults Program: A Descriptive Analysis of Older Adults
on Maui Island, Hawaii. Note: The survey data used to produce these estimates were collected by
Mathematica Policy Research, Inc., in June-November 2002. See W. Black et. al.(2003).

2. Advocacy Boards

The following advocacy boards were given opportunities to actively participate in the Area Plan events:

- a. Council On Aging
- b. Maui County American Association of Retired Persons
- c. Senior Clubs
- d. Alzheimer's Support Groups

3. MAIS (Maui Agency Information Systems)

The MAIS is a computerized information system which is used to gather data on persons 60 years and older living in Maui County. The data is collected through outreach efforts by the Information and Assistance, Outreach section of the Maui County Office on Aging and service providers contracted by the area agency. It asks for basic demographic information and other information related to education, income, housing, mobility, services, health and activities of daily living. It is used to assess the senior's conditions to determine eligibility and appropriateness of service and to make proper linkages. Retrieval of data on specific areas and categories enables MCOA to identify the gaps in services being provided and areas of concerns.

4. QPPR and Annual Reports of Contracted Providers

The contracted service providers submits quarterly and annual reports. In the report they include the profile of clientele and the number of units provided. They also include a narrative report that describes the problems and other service needs that they encountered in providing services and their recommended solutions to enhance service delivery.

5. Consumer Satisfaction Survey

MCOA conducts a yearly client satisfaction survey to review and evaluate the contracted providers and their methodology of providing services. To improve and ensure that appropriate services are being provided, the consumers were encouraged to send their opinions and comments in improving the services that they receive. The consumers also provide insights on what other services they need to enhance their independence.

6. Area Plan Needs Assessment Survey of October 1998

This survey provided a baseline which was used in the community and aging network meetings of 2002/2003. The results were reviewed in an attempt to ascertain the degree of progress which had been achieved over the past four years. The survey was distributed countywide to surface and identify local concerns and gaps in service. Of the 1,000 plus surveys mailed out, 40 percent were completed and returned. The survey was used as a supplementary tool in the process of identifying issues in conjunction with the first series of community forums. It included wider resident participation. Respondents included members of the Council on Aging, contracted services clients, community leaders, senior clubs, agencies and service providers, caregivers, churches, elected officials, physicians, pharmacists, and voters over the age of 60.

7. District Community Meetings for the Area Plan

During the fall of 2002 and the spring of 2003, MCOA conducted community meetings at various locales. The community meetings were conducted to identify district issues, identify assets, prioritize issues, and elicit solutions.

8. Council on Aging Area Plan Needs Prioritization Session - April 1, 2003

The Council on Aging were provided with results of the Mathematica survey, community meetings and public hearings to that point. They will also be given a population profile on the elderly in Maui County and summaries of unmet needs and trends confronting the aging community. Council members reviewed MCOA scoring of prioritized services based on district issues and concerns.

9. MCOA Staff Needs Prioritization Session

The County Executive and the Program Specialists as a group discussed the merits and ranked all services according to Federal and State requirements. The funding allocations for the next four years were based on the results of the Council on Aging and MCOA staff prioritization sessions.

Problems faced by elders:

1. Service Accessibility

a. Transportation

Maui County lacks a full-service public transportation system. Limited bus transportation and handivans are available to shuttle older adults to and from services. A Hana resident needing to receive medical services or to meet scheduled appointments has to drive 54 miles at an average of two hours to reach Kahului. A Molokai resident needing specialized care at the hospital will have to log in 30 minutes of flight time, ask a relative, friend or cab to pick them up at the airport and drive for another 15 minutes to get to Maui Memorial Hospital, Kaiser Permanente or Maui Medical Clinic. A Senior Fair participant from Lanai will ride a ferry for an hour to Lahaina Harbor and board an MEO bus for another 45 minutes to get to the Kaahumanu Shopping Center where the annual event is held. An assisted transportation driver will have to drive for 40 minutes to pick up a client in Kula and drive another 40 minutes to escort the client to Central Maui to receive services.

Many older adults stop driving due to declining physical capabilities, and the high cost of car maintenance and insurance. Factors contributing to elderly residents' choice not to drive include traffic congestion, vision requirements for license renewal, and death of a spouse. The 1998 needs assessment survey cites transportation and assisted transportation as one of the most important services. The 1997 Maui United Way needs assessment survey findings also cites the lack of transportation as a barrier to receiving services. These findings were confirmed throughout 2002/2003, as transportation challenges continue to be expressed by seniors. Following the Community Voices Conference in September of 2002, the groups decided that transportation was one of their most pressing needs, and actively explored solutions to this problem.

b. Information and Referral/Outreach

Barriers that hinder the process of linking seniors to services in Maui County include older adult residents who are isolated geographically, who may have cultural values which prevent them from seeking or accepting assistance, immigrants who may not speak or read English. Older adult persons with low income, who are non-English-speaking, and/or persons with disabilities and/or behavior disorders may not read, comprehend their options, and may have limited access to resources such as telephones, newspapers, and television. Even when referred to needed services, the needy client maybe reluctant to receive or accept services thus requiring additional encouragement and support to access the service. The 2002-2003 district community meetings have cited the need for information assistance to utilize existing services. The 1997 Maui United Way needs assessment survey findings also showed that lack of information about available services and the reluctance to go outside family and friends for help are major barriers to services. The Mathematica Survey clearly identified that as of the fall of 2002, substantial information voids still occurred within Maui County.

2. Long Term Care

Hawaii is blessed with having the greatest longevity in the nation with an expected life span of 75.4 years for males and 80.9 years for females (Scanning Hawaii: Forces for change in the 1990's, pg. 1). This may be a mixed blessing since frailness and vulnerability often come with advanced age.

Older adults who are 85 and over are prone to having increased difficulties in caring for themselves and remaining independent. As years advance, Activities of Daily Living (ADLs) such as bathing, dressing, toileting, eating, and mobility become more difficult. Likewise, as the years mount, there is a decreased capacity for the elderly in performing home management activities, or Instrumental Activities of Daily Living (IADLs), such as meal preparation, shopping, financial management, and housework. Declining physical and mental capacities demand a proportionate level of increased services to help them maintain their independence. Fortunately, the extended family living arrangement is a valuable support for many families who can provide care at home and keep elderly relatives from being isolated. Local surveys indicate that in Hawaii 24 -28% of households provide assistance to someone who is at least 60 years of age. It is estimated that 21% of the 60+ population have no social supports (Scanning Hawaii: forces for change in the 1990's, pg. 5). The current generational trend to limit family size also limits the future pool of potential caregivers for aging parents. Additionally, traditions once taken for granted, such as the oldest son assuming the responsibility of caring for aging parents, decline with each generation.

Increasingly, adult children leave the islands for greater financial opportunities, which leaves family members who remain with the burden of caregiving. With women becoming "equal" to men in the workplace, roles are changing, and fewer women are available at home to provide caregiving assistance. Often the caregiver is an adult child already caring for her own children. Finally, increases in single-parent households translate to decreases in the ability for adult children to care for aged parents, either physically, financially, or emotionally.

Current trends indicate the demand for long term care beds in the State of Hawaii has out paced growth in supply, resulting in long waiting lists and higher than optimal occupancy rates. Many older adult patients with long term care needs are occupying expensive acute care beds while waiting for long term care vacancies. There are 380 patients in acute beds waiting for long term care placement on any given day (Scanning Hawaii: forces for change 1995, pg. 35). One report estimates that on a given day over 200 acute care beds, more than 10% of the state's capacity are occupied this way (Scanning Hawaii: forces for change

in the 1990's, pg. 7) Older people accounted for 37% of all hospital stays and 47% of all days of care in hospitals (AARP's A Profile of Older Americans, 1996).

The community is excited to be able to address this issue through the formation of the Maui Long Term Care Community Partnership. This innovative group, composed of partners from all aspects of Maui society, is determined to come up with long lasting solutions. Through an innovative network of regional planning groups, and under the direction of some innovative staff members, Maui County stands on the cusp of a solution. The Maui County Office on Aging looks forward to this partnership.

3. Chronic Condition

Nationwide, chronic health conditions have worsened among the older adult population in recent years and the longer life span has created more demand for services such as home health assistance and long term care. There is also an increase in infectious diseases resistant to known treatment and an increase in impairments of the spine, arthritis/rheumatism, stomach ulcer, and benign and unspecified neoplasm rates. Other contributory factors which complicate the aging process and make the elderly more susceptible to health risk include financial and psycho-social pressures and emotional stresses. Both public and private sectors have encouraged the pursuit of healthy lifestyles to minimize the normal implications of aging (Ke Ala Hoku Critical Indicators Report 1997 - 1998, pg.7 & Healthy Hawaii 2000, November 1995)

4. Geographic Isolation

The geographic isolation of living on islands limits the resources to a great extent. Barriers to resources include the ocean, poor roads, long distances - as all separate many older adult residents from family support and services. Residents who once preferred the privacy, peace, and solitude of living in the remote areas of Maui during their years of independence are now finding that it is a hindrance to receiving services in their advanced ages.

Special medical help often requires air travel to Oahu, off island lodging, transportation, and meals, which add to the financial burden and the feeling of being emotionally cut off from family.

Older adults on Lanai and Molokai are especially affected by their geographic isolation. The lower population of these "outer" islands means that services are limited or unavailable unless staff is flown in from Maui or Oahu. At times, this arrangement is unsatisfactory as older adults are intimidated and feel uncomfortable expressing their personal needs to unfamiliar staff.

5. Social/Economic Disadvantages

In Hawaii, life is difficult for the older adults confined to living on fixed incomes. To maintain an equivalent standard of living, a family of four would require 34% more in income than an identical family living in the Mainland (continental U.S.A.) (Scanning Hawaii: forces for change in the 1990's, pg. 33). The high cost for food, housing, taxes, utilities, gasoline, medical, and other necessities threaten the security of the elderly. The Ke Ala Hoku Critical Indicators Reports 1997-1998 shows that having enough money to live on was one of the major concerns as shown in the trends that include escalating health care costs, stressed families, and a two-tiered society. The reported trends support earlier findings of the Maui County White House Conference on Aging survey.

Affordable housing is critical for many, especially the elderly. Seventeen percent of the elderly live alone in their own homes or public housing. The remaining 83% live with a spouse, family members or other unrelated persons. Sixty-six percent of those who are living alone are women who are mostly widows (The Hawaii Data Book for Older Adults, pg.6-9).

Maui's elderly population nearly doubled from 10,407 in 1980 to 15,611 in 1990 and to 19,436 (The Hawaii Data Book for Older Adults, pg. 2-2, as well as the Maui County Data Book, pg. 14), leading to the rising demand for services. The swelling ranks of Maui's older adult population spans the social and economic spectrum -- from turn-of-the century immigrants to the newest wave of affluent mainland retirees. The most disadvantaged are the non English-speaking immigrants, followed by their second-generation, local-born offspring who are, by and large, better educated, healthier, and more financially secure than their "old world" parents. In addition, there is an increasing influx of retirees from around the world who are advancing in years and will soon require services.

6. Cultural/Ethnic Obstacles

Language barriers, stigma and intimidation remain obstacles to elderly in need of services. Language barriers make it difficult for elderly to find and access available services. In Maui County, there are 2,123 elderly who experience difficulty in accessing services due to language barriers (The Hawaii Data Book for Older Adults, pg. 4-15). The table below illustrates the distribution of elderly residents who have difficulty communicating in English language.

District	English Not Well	Non-English Speaking
Hana	0	0
Makawao	306	247
Wailuku	986	158
Lahaina	318	30
Lanai	176	24
Molokai	106	30
Kalawao	0	0
TOTAL	1,833	290

Source: The Hawaii Data Book for Older Adults, 1998

Tables 4-12, 4-13, Pages 4-15, 4-16 & 4-17

Cultural traditions, pride and other factors among several ethnic groups prevent individuals from seeking public or outside assistance. In Maui County, there are 3,501 foreign born persons 60 or over (The Hawaii Data Book for Older Adults, pg. 4-19). The 1997 Maui United Way needs assessment survey findings stated that understanding cultural issues, immigration problems such as adjustment difficulties and language barriers, and culturally sensitive services are key components in making services accessible.

Often, the older adults are intimidated with paperwork, procedures and austere office surroundings when seeking outside help. Different values and standards of home management and self care may contribute to discomfort if others perceive their lifestyle as behavioral risk factors.

7. Legal and safety concerns

Older adults increasingly feel more concerned about being victimized as they become more vulnerable and frail. They express the need for greater access to free or low cost legal service assistance to protect them from financial exploitation and physical abuse. They also express the need for assistance in preparing wills and living wills to enable them to extend their decision making past the time when they are able to express their preferences.

In the fall 2002 and spring 2003 community meetings, the elderly also expressed concerns for their physical safety and well being. They have cited the need for better lighting on walkways, more pedestrian access, safer crosswalks and intersections, and enforcement of traffic regulations.

Identified program/service/activity needs:

The fall of 2002 and spring of 2003 community network meetings conducted by MCOA shows that county-wide, the older adult service priorities formerly identified continue and include the following:

1. Services that enable clients to reach and receive services (transportation, assisted transportation, information assistance)
2. Services that provide both in-home and community-based long term care support (home health, personal care, home delivered meals, nursing home, hospice, day care)
3. Services that provide a gathering place for socialization, recreation, and learning (senior center, lunch program, recreational activities)
4. Services that provide protection and safeguard individual rights (legal services, adult protective services, crime prevention, financial and asset management)

In needs assessment surveys, services most often described as very important by the community are services associated with long term care such as personal care, chore, home delivered meals, escort, respite, case management, adult day care and nursing home facilities. The survey results found that hospice was also among the high priority services for Maui County. Nutrition and assisted transportation services continue to be top service priorities. Other surveys also list other access services, including transportation, assisted transportation and information assistance and outreach as high priority concerns for older adults who need the services themselves or for spouses and companions.

The most consistent services preferred county-wide are home health and nursing home. Each district also has specific preferences for services based on to geographic and demographic differences, the availability of resources, and other factors. They identify the needs of the older adults of the various districts of Maui County separately as follows:

1. Island of Maui

Central Maui

Maui's rapidly increasing elderly population is triggering an increase in service demands. While older adults living in densely populated Central Maui have little difficulty accessing services, frail homebound elders living in remote areas have more difficulty obtaining services for which they qualify. The need for in-home and community-based services is increasing at a higher rate than other services due to the growing number of frail older adults. Also, a day health center is cited as one of Central Maui's most important

services in the needs assessment survey. The community cited the need for expanded transportation, housing and assisted living facilities, educational opportunities, simplified referral, long term care services, in-home services and respite care, collective advocacy, eliminating service restrictions, more information and referral and resurrecting “Senior Today” tabloid insert in the Maui News.

South Maui

Kihei district is an area of fast real estate development and growth, which contributes to increased housing costs. Thus, residents cited housing rental assistance as a top priority in the survey. Community participants also listed transportation, senior center, long term care facilities, and accessibility to information by both residents and visitors and the need for access to high technology information system.

West Maui

Lahaina district older adult residents, who are more likely to have higher retirement income, cited that retirement planning and adult protective services as high priority. They are more likely to own their homes, which are oftentimes 20 years or older, which contributes to their preference for home repair/renovation as an important service. Lahaina’s older adults also listed both in the survey and community forum the need for additional long term care services such as day health care, in-home services (chore, housekeeping and personal care), Alzheimer’s support, assisted living facility, nursing home and hospice. Participants in the community meetings expressed that needs in the areas of nutrition program, assisted transportation, eye and dental care and a senior center that provides more activities as their preferences.

Upcountry Maui

Upcountry’s serenity and magnificent views make it an ideal retirement area for older retired workers. Residents’ additional concerns focus on the needs of caregivers. They ranked Alzheimer’s respite and support and mental health services as very important in addition to county-wide survey priority findings. In the community meetings, participants cited the need for caregiver support and training, long term care insurance that also provides prescription coverage, appropriate dental care especially for Medicare recipients, expanded nutrition and incentives for volunteers.

East Maui

Hana is geographically isolated and declared a Medically Under-served Area. The residents rely on their own resources and self-sufficiency to prosper as a community. They are aware of their isolation that they also regard health maintenance and screening program as very important in the survey. These programs help them stay healthy to prevent sickness and disability, as services are lacking. Community meeting participants concerns include expanded transportation, housing issues, home health care, and maintaining emergency services at the medical center. Residents also requested for information on available services and assistance in completing application forms, and more toilets at the Veterans Park.

2. Island of Molokai

Molokai has most of the services to which Maui elderly have access. The Molokai aging network staff and elderly Molokai residents express the need for volunteer services as very important to them. Volunteering fulfills their desire to contribute to the well-being of their community. Other services regarded as very important include adult protective services and Alzheimer’s support. Community meeting participants also requested prescription assistance, culturally or medically appropriate meals, senior center and more activities, transportation and the need for in-home services.

3. Island of Lanai

Lanai has one of Maui County's largest proportion of older adults. This rural district has limited resources and available services. Accessibility to services is not a factor, however, as most elderly live within walking distance to service locations. In the network meetings, participants requested a social worker, information on available services and specialized topics, pharmacist and a podiatrist. Older adults of Lanai expressed the desire for additional community based long term care and caregiver support, including an assisted living facility and Alzheimer's respite and health maintenance programs. They also expressed their preference for recreational activities, and information and assistance services. Due to the high concentration of the immigrant population, they also see the need for interpreting/translating services as very important.

Summary:

With its three separate islands, the County of Maui is a study in contrasts and similarities in meeting the service needs of the elderly. As the elderly population increases in number, each island will require an expansion of existing services and implementation of new programs where there are deficits. While the elderly are satisfied with the quality of service, they often request an increase in the quantity of provided services. Services are most urgently required for the 80+ age frail and vulnerable, the economically disadvantaged, the minority immigrant elderly with limited comprehension of English, and those living in remote areas of each island.

**PART I. Overview of Older Adult Population, Existing Programs
and Services, and Unmet Needs
January 2003**

B1(a). Description of Existing Programs and Services -- ACCESS

Programs and Services	Provider Agency	Area Served by Judicial Districts	Estimated Persons Served	Units Served
Information and Assistance	MCOA** Kaunoha** Hale Hulu Mamo	Maui & Molokai Lanai Hana	1,997 146 94	5,991 contacts 438 contacts 188 contacts
Transportation	MEO**	Maui, Molokai, Lanai	5,845	78,851 one way trips
Case Management	CFS**	Maui , Molokai & Lanai	50	624 hours
Outreach	MCOA** Kaunoha** Hale Hulu Mamo**	Maui & Molokai Lanai Hana	674 47 65	674 persons 47 persons 65 persons

B1(b). Description of Existing Programs and Services -- IN-HOME

Programs and Services	Provider Agency	Area Served by Judicial Districts	Estimated Persons Served	Units Served
Chore	MEO**	Maui, Molokai, Lanai	174	6,592 hours
Home Health	Hale Makua Kaiser	Maui Maui	572 669	16,631 hours n/a
Hospice	Hospice Maui	Maui	91	1,542 visits
Nutrition: Home Delivered	Kaunoa** Hale Mahaolu	Maui except Molokai, Lanai Central Maui, Upcountry	731 780	95,026 meals delivered 118,600 meals delivered
Personal Care	Action Medical Personnel Hale Mahaolu NHWW	Maui, Molokai & Lanai Maui & Molokai Maui	91 130 33*	7,657 hours 18,000 n/a
Respite/ Attendant Care	Hale Mahaolu Molokai General Hospital** MADC** Hale Makua	Central Maui Molokai Central Maui, & Lahaina Maui	13 9 54 5	2,608 hours 259hours 6,096 hours 120 hours
Senior Companion	Kaunoa**	Maui, Molokai, Lanai	83	8,776 hours

Programs and Services	Provider Agency	Area Served by Judicial Districts	Estimated Persons Served	Units Served
Friendly Visiting	MIVC**	Maui	137	2,872 visits
Telephoning	MIVC**	Maui	134	6,342 calls

B1(c). Description of Existing Programs and Services -- LEGAL SERVICES

Programs and Services	Provider Agency	Area Served by Judicial Districts	Estimated Persons Served	Units Served
Legal	Legal Aid**	Maui , Molokai, Lanai	265	1,343 hours

B1(d). Description of Existing Programs and Services -- CAREGIVER SERVICES

Programs and Services	Provider Agency	Area Served by Judicial Districts	Estimated Persons Served	Units Served
Adult Day Care	MADC**	Central Maui & Lahaina	84	1,938 days
Alzheimer's Support	Alzheimer's Association**	Maui , Molokai, Lanai	617	53 sessions
Day Health	Hale Makua	Maui	37	7,200 hours
Discount	MEO	Maui, Molokai, Lanai	230	230 card holders
Education	Kaunoa**	Maui, Molokai, Lanai	1,903	2,338 sessions
Elder abuse and neglect	DHS - APS	Maui, Molokai, Lanai	63	n/a

Programs and Services	Provider Agency	Area Served by Judicial Districts	Estimated Persons Served	Units Served
Employment	State-WDD MEO	Maui Maui, Molokai, Lanai	803 4	n/a 4 Placed
Housing	Hale Mahaolu HCDCH Ka Hale A Ke Ola	Maui, Molokai, Lanai Maui Maui	589 42 12	530 units 67 units 3 units
Housing Assistance	Co. Housing Div. (HUD)	Maui, Molokai, Lanai	48	48
Money Management	Private	Maui	N/A	N/A
Nutrition: Congregate	Kaunoa** Alu Like*	Maui, Molokai, Lanai Maui & Molokai	1,284 74	92,250meals 6,039 meals
Recreation/ Leisure	Kaunoa** Alu Like*	Maui, Molokai, Lanai Maui & Molokai	1,649 110	100,077sessions 480 sessions
Retirement Planning	County State Private	Maui, Molokai, Lanai Maui	36 950	1 session n/a
Volunteer Services	Kaunoa (RSVP)	Maui, Molokai, Lanai	905	105,272hours

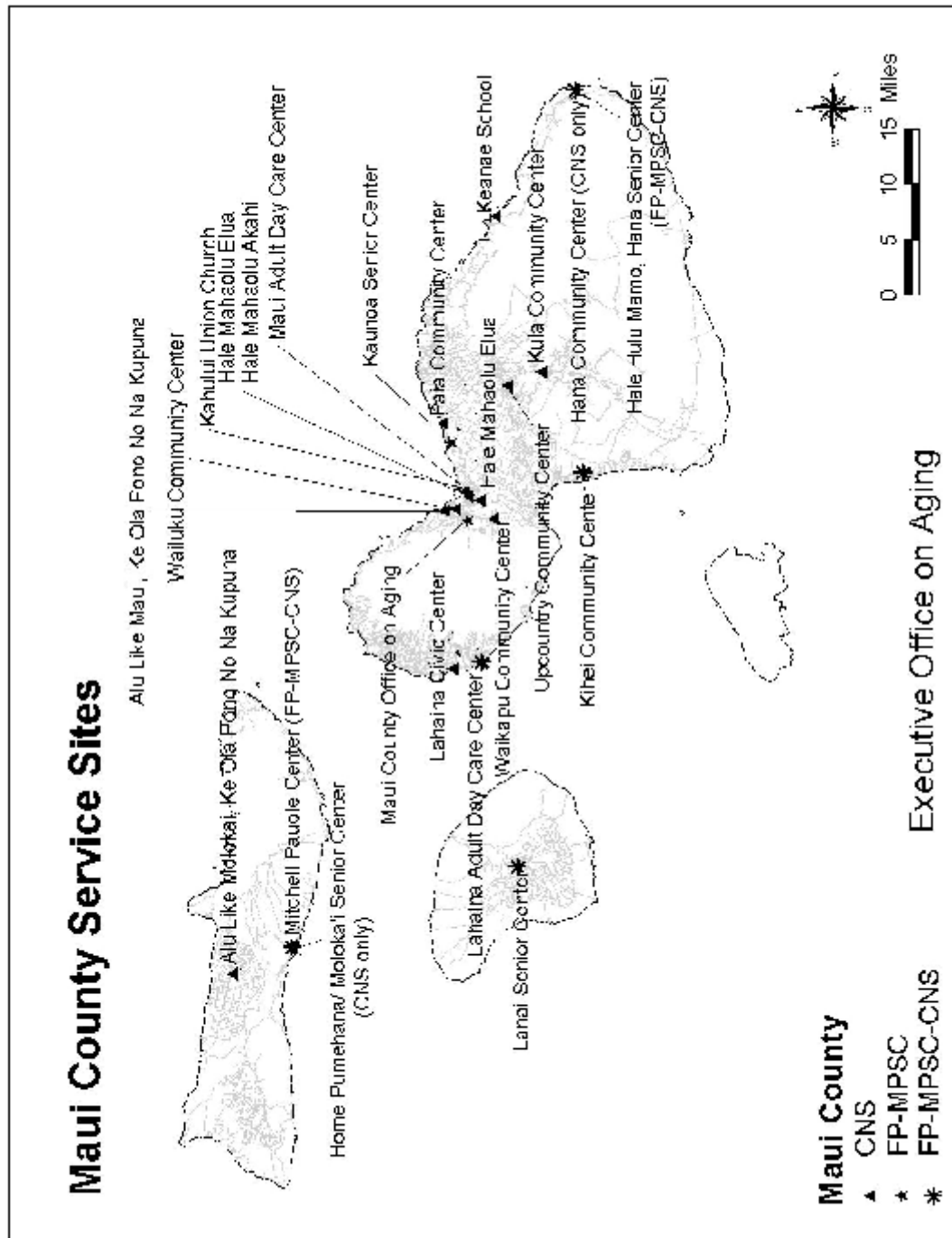
*** Designates minority service providers.**

**** Represents AAA administered programs and services.**

**PART I. Overview of Older Adult Population, Existing Programs
and Services, and Unmet Needs**

B2. Description of Existing Programs and Services --

Community Focal Points, Multi-purpose Senior Centers, and Nutrition Sites Map



**PART I. Overview of Older Adult Population, Existing Programs
and Services, and Unmet Needs**

**B3. Description of Existing Programs and Services --
Community Focal Points and Multi-Purpose Senior Centers**

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Provided
Focal Points					
Hana Community Center	Hana, HI 96713	248-7279	Hana Nahiku	Tuesday and Thursday (9:00 a.m. to 12:00 p.m.)	Congregate Meals, Home Delivered, Meals, Leisure/Rec, Info. And Referral, Outreach Services, Health Maintenance, Legal Services, Transportation
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	243-7308	All Maui	Monday - Friday (7:45 a.m. to 4:30 p.m.)	Info. and Referral, Outreach, Escort, Friendly Visits, Sr. Companions, Congregate Meals, Home Delivered, Meals, Leisure/Rec, Health Maintenance, In-Home Respite, Transportation
Keanae School	Keanae, HI 96708	248-8065	Keanae Wailua	Friday (9:30 a.m. to 12:00 p.m.)	Congregate Meals, Home Delivered, Meals, Leisure/Rec, Info. And Referral, Outreach Services, Health Maintenance, Legal Services
Maui County Office on Aging	200 S. High Street Wailuku, HI 96793	270-7755	Countywide	Monday-Friday (7:45 a.m. to 4:30 p.m.)	Info. And Referral, Planning for Retirement, Outreach

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Provided
Maui County Office on Aging Lahaina Satellite Office:	Malu'ulu'olele Cultural Center 562 A Front St. Lahaina, HI 96761	661-5486	Lahaina	Tuesday & Wednesday (8:30 a.m. to 3:30 p.m.)	Info. And Referral, Planning for Retirement, Outreach
Mitchell Pauole Ctr.	Ala Malama St. Kaunakakai, HI 96748	553-5202	Molokai	Monday-Friday (9:00 a.m.-12:00 p.m.)	Congregate Meals, Home Delivered. Meals, Info. & Referral, Outreach Services, Escort, Legal Services, Ret. Sr. Vol. Program Transportation, & Health Maintenance Leisure/Rec
Kihei Community Center	303 Lipoa Kihei, HI 96753	879-8966	Kihei Maalaea Wailea Makena	Tuesday & Fridays (9:00 a.m.-12:00 p.m.)	Congregate Meals, Home Delivered. Meals, Leisure/Rec.
Lanai Senior Center	Lanai City, HI 96763	565-6282	Lanai	Monday - Friday (7:45 a.m.-4:30 p.m.)	Congregate Meals, Home Delivered, Meals, Leisure/Rec., Info. & Referral, Outreach Services, Escort, Legal Services, Ret. Sr. Vol. Program, Transportation, Health Maint.
Malu'ulu'olele Cultural Center	562 A. Front Street Lahaina, HI 96761	661-5486	Honolua Napili Kaanapali Lahaina Olowalu	Wednesday & Thursday (9:00 a.m.-3:00 p.m.)	Adult Day Care, Alzheimer's Respite, Cong. Meals, Home Delivered. Meals, Info. And Referral, Outreach, Escort, Health Maintenance.

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Provided
Multi Purpose Senior Centers					
Kaunoha Senior Center	401 Alakapa Place Paia, HI 96779	243-7308	All of Maui	Monday - Friday (7:45 a.m. - 4:30 p.m.)	Info. And Referral, Outreach , Escort, Friendly Visits, Senior Companions, Cong. Meals, Home Delivered, Meals, Leisure Program, Health Maintenance, Transportation, In- Home Respite.
Lanai Senior Center	Lanai City, HI 96763	565-6282	Lanai	Monday - Friday (7:45 a.m. - 4:30 p.m.)	Congregate Meals, Home Delivered. Meals, Leisure/Rec., Info. And Referral, Outreach Services, Escort, Legal Services, Ret. Sr. Vol. Pro., Transportation, Health Maintenance.

**PART I. Overview of Older Adult Population, Existing Programs
and Services, and Unmet Needs**

**B4. Description of Existing Programs and Services --
Congregate Nutrition Sites and Home Delivery Distribution Centers**

Name and Address	Telephone	Areas Covered	Congregate (Units)	H-D (Units)	Days and Hours	Other Services Provided
Congregate Nutrition Sites						
Hale Mahaolu Akahi 300 W. Wakea Avenue Kahului, HI 96732	871-2773	Akahi Tenants and Kahului	45		Monday - Friday (9:00 a.m.- 12:00 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Hale Mahaolu Elua 200 Hina Ave. Kahului, HI 96732	871-2772	Elua Tenants and Kahului	31		Monday - Friday (9:00 a.m.- 12:00 p.m.)	Cong. Meals, Leisure, and Info. Assistance, Outreach, Nutrition Education, and Transportation
Kahului Union Church 101 W. Kamehameha Kahului, HI 96732	871-2757	Kahului	80		Tuesday & Thursday (9:00 a.m.- 12:00 p.m.)	Cong. Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Maui Adult Day Care Ctr Hale Mahaolu Elima 11 Hale Mahaolu Kahului, HI 96732	871-5804	Clients only	52		Monday - Friday (7:45 a.m. - 4:30 p.m.)	Adult Day Care, Alzheimer's Respite, Cong. Meals, Info. Assistance, Outreach, Nutrition Education, and Transportation
Wailuku Community Ctr. 395 Waena Wailuku, HI 96793	244-0776	Wailuku	35		Monday, Wednesday & Thursday (9:00 a.m.- 12:00 p.m.)	Congregate Meals, Leisure, Outreach, Info. Assistance, Nutrition Education, Legal Services, and Transportation

Name and Address	Telephone	Areas Covered	Congregate (Units)	H-D (Units)	Days and Hours	Other Services Provided
Waikapu Community Ctr. 22 East Waiko Road Wailuku, HI 96793	242-9474	Waikapu	25 per day		Wednesday & Friday (9:00 a.m.-11:30 a.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Kihei Community Ctr. 303 Lipoa Kihei, HI 96753	897-8966	Kihei	30 per day		Tuesday and Friday (9:00 a.m.-12:00 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Lahaina Civic Ctr. 1840 Honoapiilani Highway Lahaina, HI 96761	661-8550	Lahaina Napili Honolua	55 per day		Monday & Wednesday (9:00 a.m.-12:00 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Lahaina Adult Day Care Center 562 A Front St. Lahaina, HI 96761	667-9252	Clients	10 per day		Monday - Friday (7:45 a.m. - 4:30 p.m.)	Adult Day Care, Alzheimer Respite, Congregate Meals, Info. Assistance, Outreach, Escort, and Nutrition Education
Upcountry Community Ctr. 91 Pukalani Avenue Pukalani, HI 96768	264-6135	Pukalani	60 per day		Monday & Thursday (8:30 a.m.-11:30 a.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Kula Community Ctr. 3690 Lower Kula Road Kula, HI 96790	878-6137	Kula Keokea	45 per day		Tuesday & Friday (830 a.m.-11:30 a.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation

Name and Address	Telephone	Areas Covered	Congregate (Units)	H-D (Units)	Days and Hours	Other Services Provided
Paia Community Ctr. 252 Hana Highway Paia, HI 96779	579-9063	Paia Kauai	22 per day		Tuesday & Friday (8:30 a.m.- 11:30 a.m.)	Cong. Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Keanae School Keanae, HI 96708	248-8065	Keanae	5 per day		Friday (9:00 a.m.- 12:00 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Hana Community Ctr. Hana, HI 96713	248-7279	Hana Nahiku	20 per day		Tuesday & Thursday (9:00 a.m. - 12:00 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Mitchell Pauole Center 90 Ainoa Street Kaunakakai, Molokai, 96748	553-5402	Kaunakakai Hoolehua Kualapuu	17 per day		Monday - Friday (9:00 a.m.- 12:00 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Lanai Senior Center 309 Seventh Street Lanai City, HI 96763	565-6282	Lanai	31 per day		Monday - Friday (7:45 a.m.- 4:30 p.m.)	Congregate Meals, Leisure, Info. Assistance, Outreach, Nutrition Education, and Transportation
Alu Like - Maui Ke Ola Pono No Na Kupuna Hale Mahaolu Ekalu, 717 Makaala Drive, Wailuku, HI 96793	242-9774	Central Maui Paia Pukalani Kihei	35 per day		Monday - Friday (9:00 a.m.- 1:00 p.m.)	

Name and Address	Telephone	Areas Covered	Congregate (Units)	H-D (Units)	Days and Hours	Other Services Provided
Alu Like - Molokai Ke Ola Pono No Na Kupuna Hoolehua, HI 96729	567-9282	Island wide	25 per day		Monday - Friday (9:00 a.m.- 1:00 p.m.)	
Home Delivered Distribution Centers						
Meals on Wheels Kaunoa Senior Center 401 Alakapa Place Paia, HI 96779	270-7321	All Maui except beyond Honokowai		350 per day	Monday - Friday (8:00 a.m.- 12:30 p.m.)	Home Delivered Meals
Hale Mahaolu, Inc. Hale Mahaolu Elua 200 Hina Ave Kahului, HI 96732	871-4792	Akahi Elua CHSP Clints & Central Maui		100 per day Lunch/Dinner 80 per day	Monday - Friday (8:00 a.m.- 4:30 p.m.) Saturday & Sunday	Home Delivered Meals
Meals on Wheels Molokai Senior Services Kaunakakai, HI 96748	553-5331	Kaunakakai		40 per day	Monday - Friday (8:00 a.m.- 5:00 p.m.)	Home Delivered Meals
Meals on Wheels Lanai Senior Center Lanai City, HI 96763	565-6282	Lanai		15 per day	Monday - Friday (7:45 a.m.- 4:30 p.m.)	Home Delivered Meals

Each project will provide special menus, where feasible and appropriate to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals.

**PART I. Overview of Older Adult Population, Existing Programs
and Services, and Unmet Needs**

C. Unmet Needs

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Unmet Needs
Access				
I & R	2000 Census, 100% of 60+	19,501	2,552	16,949
Transportation	2000 Census, 6.76% for 65; 3.85 for 60-64, plus 50% x (15% x 60+)	2,641	n/a	n/a
Assisted Transportation/Escort	2000 Census, 6.76% for 65; 3.85 for 60-64, plus non-English speaking	4,924	n/a	n/a
Case Management	2000 Census, 2.94% of 60-64, 5.1% of 65+ plus cognitively impaired, 24 % Auxillary Rate	264	50	214
In-Home				
Chore Service	2000 Census, 10.58% of 60-64, 15.27 of 65+, 24% Auxillary Rate	660	174	486
Housekeeping	2000 Census, 7.7% of 60-64, 15.27% of 65+, 24 % Auxillary Rate	627	174	453
Personal Care	2000 Census, 2.94% of 60-64, 5.1% of 65+ plus cognitively impaired and disruptive, 24% Auxillary Rate	264	254	12
Repairs/ Maintenance	2000 Census, Low income 60+ with mobility and self-care limitation, 33% Auxiliary Rate	230	n/a	n/a
Shopping	2000 Census, MEO, 3.59% of 60-64, 7.31% of 65+, 33% Auxillary Rate	415	n/a	n/a

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Unmet Needs
Supervision	2000 Census, 1.0% of 65, 80% Auxiliary Rate	118	n/a	n/a
ADC/ADH	2000 Census, ADC & Hale Makua, 1.25% of 65+	189	121	68
Respite	2000 Census, 2.94% of 60-64, 5.1% of 65+ plus cognitively impaired & disruptive, 80% Auxiliary Rate	880	81	799
Alzheimer's Support	2000 Census, 3.8% of 65+ x 80%	446	617	Exceed
Interpret/Translation	2000 Census, 19% of non- English speaking, 33% Auxiliary Rate	235	n/a	n/a
Letter Write/Reading	2000 Census, 19% of non-English speaking, 33% Auxiliary Rate	235	n/a	n/a
Telephoning	2000 Census, 2.0%(1.1%) of 60+ plus institutionalized 60+, 50% Auxiliary Rate	437	134	303
Visiting	2000 Census, 2.0%(1.1%) of 60+ plus institutionalized 60+, 50% Auxiliary Rate	437	137	303
Legal				
Advocacy/ Representation	2000 Census, Low income minority (8.2%)	1,507	n/a	n/a
Legal Services	2000 Census, 28% of 60+ (low Income = 8.2%)	5,460	265	5,195
Legal Education	2000 Census, 28% of 60+ (low Income = 8.2%)	5,460	n/a	n/a
Guardianship	2000 Census, 6.6% of 60+(including institutionalized)	309	n/a	n/a
Community based				
Discount Card	MEO, All eligible 60+	19,501	230	19,270

Programs and Services	Data Source and Methodology	Extent of Need	Existing Capacity	Unmet Needs
Education/ Training	All eligible 60+	19,501	n/a	n/a
Recreation	2000 Census, 14.8% of 60-64, 15.8% of 65+	3,033	1,759	1,274
Employment	2000 Census, 16% of 60+	3,120	807	2,313
Money Management	1.48%, 15.8% of 65+	2,535	n/a	n/a
Retirement Planning	2000 Census, All non-retired 50-59 years	8,010		
Health Maintenance/ Promotion	2000 Census, DOH, Alu Like, DOH Health Surveillance, 44% of 60+	9,245	986	8,259
Hospice	2000 Census, Strahan, 0.0234% of 60-64, 0.1121% of 65+	17	91	0
Housing Assistance	100% low income, Housing Authority, Hale Mahaolu, Hale Ke Ola, County Rental Assistance	2,945	691	2,254
Senior Centers	2000 Census, 15. % of 60+	2,925	1,256	1,669
Volunteer Services	2000 Census, 20.8% of 60-64, 16.9% of 65+	2,090	905	1,185
Nutrition Program				
Meal s- Congregate	2000 Census, Congregate Meals use rate, 9% of 60+	1,755	1,358	397
Meals - Home Delivered	2000 Census, Dependency in preparing meals, 3.84% of 60+	749	1,511	0
Nutrition Education	All who participate in nutrition program	2,504	26,643	0
Nutrition Counseling	Low income elders with special needs and caregivers	280	na	na
Elder abuse and neglect	Department of Human Services	312	63	249

Part II

Recommendations

PART II: Recommendations

A. Framework

The Area Agency on Aging's recommendations subscribe to the general framework for program and service delivery for older adults developed throughout the State by the Executive Office on Aging. This framework is drawn from the Older Americans Act, as amended, and Chapter 349, Hawaii Revised Statutes. The Area Agency's recommendations are consistent with the objectives of the Older Americans Act, as amended in 2000, and Chapter 349, Hawaii Revised Statutes Goals, and the recommendations of the Comprehensive Master Plan for Elders and Long Term Care Plan for Hawaii's Older Adults.

The Older Americans Act

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended, states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- * an adequate income in retirement in accordance with the American standard of living;
- * the best possible physical and mental health which science can make available and without regard to economic status;
- * obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford;
- * full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes,
including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
- * opportunity for employment with no discriminatory personnel practices because of age;
- * retirement in health, honor, and dignity--after years of contribution to the economy;
- * participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities;
- * efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals;

- * immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
- * freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Targeting of Services

The Older Americans Act, as amended in 2000, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, and those who are low-income minority. Special emphasis has been placed on using outreach methods to target services to:

- * older individuals residing in rural areas;
- * older individuals with greatest economic needs (with particular attention to low-income minority individuals);
- * older individuals with greatest social need (with particular attention to low-income minority individuals);
- * older individuals with severe disabilities;
- * older individuals with limited English-speaking ability; and
- * older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and informing these individuals and the caretakers of such individuals, of the availability of assistance.

Chapter 349 Hawaii Revised Statutes Goals

Act 225, SLH 1974 mandated the State Commission on Aging to develop a Comprehensive Master Plan for the Elders. This plan appeared in 1975, and provided the framework for program administrators, legislators, and members of the community to guide the development of systems-based coordinated policies and programs for Hawaii's elderly population. Subsequently, the *Comprehensive Master Plan for the Elderly: Update 1988* was adopted by the State Legislature in 1988. It serves as a blueprint for policy and program decisions for Hawaii's older adults. At the same time in 1988, the *Long Term Care Plan for Hawaii's Older Adults* was adopted by the State Legislature. It guides the State in the development, coordination and enhancement of long term care policies and programs. Policy recommendations focus around three major areas of concern: long term care services and system development; quality of care; and financing of long term care.

PART II: Recommendations

B. Prioritization of Issues and Services

A combination of several needs assessment techniques were employed to rank needs and services. MCOA designed these techniques to develop community needs priorities. The priorities reflect current and future needs at the district, county, state and national levels. The following methods were used to include a wider base of participation and unbiased results.

1. In House Research

The Area Agency on Aging gathered and analyzed data from the Maui Aging Information System, Quarterly Performance Reports, Annual Reports, and data from aging network agencies to compare and evaluate existing services and determine unmet needs. The data also was used to compare, evaluate and supplement other organizations' needs assessments that affect the elderly population.

2. Countywide Survey and Community Forums

MCOA studied the Mathematica Policy Research, Inc. island wide survey (prepared at the request of the Maui Long Term Care Partnership) and conducted community network meetings to determine and prioritize needs and issues. The community meetings employed the group facilitation process to elicit active participation to bring out and rank needs and concerns.

3. Council on Aging Prioritization Meeting

The Council on Aging members, knowledgeable in the aging process and network, also met to discuss and rank needs and services. MCOA provided the council members with a summary of its in house research, findings of its needs assessment survey, the conclusions of the community forums with regard to the issues and concerns mentioned in each district of Maui County. The COA members used the information to specify which services and programs should be deemed the highest priorities.

Description of the Prioritization Process

The Maui County Office on Aging began by compiling the results of its in-house research, needs assessment survey and community forums. Next it prepared a comprehensive planning tool and scheduled a Council on Aging session April 1, 2003 to review the service priorities. Each COA member received planning information before the review session. The planning packet contained instructions, definition of terms, population needs and areas of concern, results of the needs assessment survey and conclusions of community meetings. The planning packet was used as a reference source for the review session.

In the review session, the COA members discussed and received clarifications from MCOA staff on the various services. Each member was asked to comment on the prioritized list of services. The members then participated in a group discussion on their understanding of the prioritized list. This exercise illustrated the level of consensus among members on priority services.

The next step was undertaken by MCOA's Program Specialists. The Program Specialists as a group discussed the merits and ranked all services according to the following criteria in the order of importance:

1. Title III mandates are met (related to access to services, in-home services, and legal assistance)
2. Older individuals with greatest economic need (GEN) and other individuals with greatest social need (GSN), and low-income minority (LIM) individuals and older individuals residing in rural areas (OIRA) are served
3. Priority issues are addressed
4. Potential benefit to cost is great; and
5. Probability of program/service success is high

Services that met the first criteria are scored three points, as required by the Older American's Act. Services that target those older adults with the greatest social need, greatest economic need, and low income minorities, and older individuals residing in rural areas, the second criteria were assigned one point. In the third criteria, each service considered as a community priority was assigned one point each. In the last criteria, services with a high probability of success were assigned one point. The total points for each service were tallied, with the highest scores denoting the highest order of priority. Although some services were rated as a low priority, they nevertheless remain important in the lives of the Older Americans in Maui County and to this office.

PART II: Recommendations

C. The Strategies to Meet Issues

As the aging population increases significantly, funding is decreasing while the cost of maintaining services escalates. Under these conditions, it is vital that MCOA continue to advocate for the maintenance of all existing programs and services at current levels to ensure the well being, safety, and security of older adults. The decrease or termination of existing services would jeopardize the well being of the elderly, and costs would ultimately be driven upwards as providers are forced to deal with crisis situations. Maintaining current services will also help monitor older adults who care for themselves and provide a transition for them as they progress from full independence to semi-dependence, and eventually to a condition of full dependence.

Hawaii is blessed with more surviving older adults who are able to grace their families and communities with their presence and impart the wisdom of their experience. However, as people reach advanced age, they require more attention due as health declines to chronic conditions. To help alleviate specialized needs, additional services become increasingly necessary. MCOA, in coordination with the Executive Office on Aging will continue to implement the Kupuna Care Program to address the long term care need with in-home and community based services.

The level of available funding requires that MCOA work with the community to help develop services and programs, secure funding and provide both traditional and alternative services. The aging network and other service providers must pool expertise and resources to collaboratively advocate for older adults and their caregivers. MCOA considers the community a major partner in addressing issues in their locales. Residents also must participate in developing projects that will assist elders and their families within their communities. MCOA in coordination with the Executive Office on Aging and other State agencies will help establish district planning groups to eventually select, plan, and implement such multi-sector collaborative projects through the Community Voices Project in partnership with the Maui Long Term Care Partnership Regional Planning Groups.

MCOA acknowledges the expertise, manpower, skills and resources provided by volunteers. Individuals and volunteers from organizations such as churches, can provide staffing or skilled services. For example, the apprentices of the Carpenters' Union can help elders renovate their homes. Private establishments such banks, trust companies or hotels and restaurants, can cosponsor educational classes for retired bankers, nurses, nutritionists, and other professionals, to help train them for volunteer activities. Organizations such as AARP provides needed staff to operate the satellite offices. Members of churches such as Project DANA provide much needed respite, escort and other essential services to keep caregivers from burning out. Various entities collaborate with MCOA to produce our annual senior citizens fair.

As part of area agencies' mandate, MCOA will continue to provide access to information on available services and make appropriate referrals. In partnership with both private and public sector organizations, MCOA will make information available through print and radio media, and eventually utilize modern technology, to implement a computerized, interactive medium placed strategically in high traffic areas such as shopping malls. The publication of Maui County 2003 Resource Directory for Older Adults, as well as later online versions, will put the information directly in the hands of the consumers.. Transportation is an integral part of access to services which MCOA will continue to support, as it looks for alternative transportation services. Workshops and training will be made available to the elderly and their caregivers to help them make informed decisions. Hana and the neighboring islands of Molokai and Lanai will also benefit from updated information through regular distribution of informational materials and television telecast such as AKAKU. Most recently, the Council on Aging meeting of April 1, 2003 was broadcast County-wide through this medium.

MCOA also recognizes the difficulty brought about by isolation either culturally, language barrier, geographic isolation, economic disadvantages and physical limitations. Satellite offices and sub-contracted staffing, printing materials in ethnic languages, outreaches, interpreters and advocates will be made available by all residents. The area agency will also continue to advocate for expanded health coverage and the provision of services regardless of income and health conditions.

PART II: Recommendations

D. The Prioritization of Services for Funding:

List of	Criteria					Total	Potential Resources			
(1) Programs and Services	(2) Title III	(3) GEN, GSN, LIM, OIRA	(4) Priority Needs	(5) Benefi t Cost	(6) Probable Success	(7) Score Point s	(8) OAA	(9) State	(11) County	(12) Othe r
Points	3	1	1	1	1	7				
Adult Day Care	0	1	1	1	1	4		T	T	T
Adult Education	0	0	0	0	0	0		T		
Adult Protective Services	0	1	1	1	1	4		T		
Alzheimer's Support Services	0	1	1	1	1	4		T	T	T
Alzheimer's Respite	3	1	1	1	1	7		T		
Assisted Transportation/ Escort	3	1	1	1	1	7		T	T	
Attendant Care/ In-home Respite	3	1	1	1	1	7		T		
Case Management	3	1	1	1	1	7		T		
Chore	3	1	1	1	1	7		T		
Congregate Meals (Lunch Program)	0	1	1	1	1	4	T	T	T	T

Day Health Services	0	1	0	1	1	3				T
List of	Criteria					Total	Potential Resources			
(1) Programs and Services	(2) Title III	(3) GEN, GSN, LIM, OIRA	(4) Priority Needs	(5) Benefi t Cost	(6) Probable Success	(7) Score Point	(8) OAA	(9) State	(11) County	(12) Othe r
Points	3	1	1	1	1	7				
Employment	0	0	0	1	1	2		T		T
Financial Management	0	0	0	1	1	2				T
Friendly Visiting	3	1	1	1	1	7	T	T		
Health Maint. & Screening	0	1	1	1	1	4		T		T
Home Delivered Meals	3	1	1	1	1	7	T	T	T	T
Home Health Services	0	1	1	1	1	4				T
Hospice	0	1	1	1	1	4				T
Housing & Rental Assist.	0	1	1	1	1	4		T	T	
Info. Assistance	3	1	1	1	1	7	T			
Interpreting & Translation	0	1	1	1	1	4				
Legal Services	3	1	0	1	1	6	T			
Mental Health Services	0	1	1	0	0	2		T		

Nursing Home	0	1	1	0	1	3				T
Nutrition Education	0	0	0	1	0	1	T	T		T
Nutrition Counseling	0	0	0	1	0	1	T	T		T
List of	Criteria					Total	Potential Resources			
(1) Programs and Services	(2) Title III	(3) GEN, GSN, LIM, OIRA	(4) Priority Needs	(5) Benefi t Cost	(6) Probable Success	(7) Score Point	(8) OAA	(9) State	(11) County	(12) Othe r
Points	3	1	1	1	1	7				
Outreach	3	1	1	1	1	7	T			
Personal Care Services	3	1	1	1	1	7		T		
Recreation & Leisure	0	1	1	1	1	4	T		T	
Repairs and Renovations	0	1	1	1	1	4				
Respite	3	1	1	1	1	7				
Retirement Planning	0	0	0	1	0	1				
Senior Center	0	0	1	1	1	3			T	
Telephone Reassurance	3	1	1	1	1	7	T	T		
Transportation	3	1	1	1	1	7	T		T	T
Volunteer	0	1	1	1	1	4			T	T

The evaluation criteria are presented in the order of their priority/importance:

*Title III priorities are met (services associated with access to services, in-home services, and legal assistance)

*Older individuals with greatest economic need (GEN) and other individuals with greatest social need (GSN), low-income minority (LIM) individuals, Older Individuals residing in rural areas (OIRA) are served;

*Priority issues are addressed;

*Potential benefit to cost is great; and

*Probability of program/service success is high.

PART III

Action Plans

PART III. Action Plans

A. Summary of Goals

1. Information

Older adults make informed decisions through accurate information.

2. Programs and Services

Older adults are able to live independently in their homes for as long as possible.

3. Caregivers

Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.

4. Elder Rights and Benefits

Older adults and family members are informed of elders rights and benefits.

5. Partnerships

Public and private sectors and the community work together to address existing and emerging issues.

PART III. Action Plans

B. Summary of Objectives

Goal # 1

Older adults make informed decisions through accurate information.

1. On an annual basis, at least 90% of older adults on Maui who received I &A services will be linked to appropriate services or resources.
2. On an annual basis, 65% of older adults on Maui will be able to make informed decision on available services and programs.
3. On an annual basis, 40% of older adults on Molokai will be able to make informed decision in how to access and qualify for available services.
4. On an annual basis, 25% of older adults on Lanai will be able to make informed decision on how to access and qualify for available services.
5. On an annual basis, 20% of Maui County's older adults will be informed of programs, services, issues that relate to aging.
6. By June 30, 2007, 27% of older adults who have greatest social need especially those who are frail, isolated, and/or have a language barrier will have access to appropriate services and increased their understanding of aging issues.
7. On an annual basis, 65% of the older Hawaiians/Part-Hawaiians will have access to information assistance and outreach services.
8. On an annual basis, 10% of Maui County's older adults with greatest economic need especially the low income minorities will be outreached and provided with information assistance and referral.
9. On a annual basis, 75% of Maui County's older individuals residing in rural areas will have access to information assistance and outreach services.

Goal # 2

Older adults are able to live independently in their homes for as long as possible.

1. An annual basis, at least 80% of older adults who received home and community-based services (Kupuna Care) will agree that their needs are being met.
2. Annually, 22% of Maui County's frail older adults will receive case management services to be able to live independent, meaningful and dignified lives and remain at home for six months.

3. Annually, 9% of Maui County's frail older adults will receive personal care services to be able to live independent, meaningful and dignified lives and remain at home for six months.
4. Annually, 2% of Maui County's frail older adults will receive chore services to be able to live independent, meaningful and dignified lives and remain at home for six months.
5. Annually, 9% of Maui County's frail older adults will receive home maker/house keeping services to be able to live independent, meaningful and dignified lives and remain at home for additional six months.
6. Annually, 50% of Maui County's frail older adults will receive assisted transportation services to be able to live independent, meaningful and dignified lives and remain at home for six months.
7. Annually, 48% of Maui County's frail older adults will receive home delivered services to be able to live independent, meaningful and dignified lives and remain at home for additional six months.
8. Annually, 7% of Maui County's older adults will receive congregate meals services to improve their nutritional status and improve or maintain their social well
9. Annually, 38% of Maui County's older adults who participate in nutrition congregate meal sites will receive nutrition transportation services to access the congregate meal sites in a safe and timely manner and improve or maintain their social well being.
10. Annually, 18% of Maui County's frail older adults will participate in friendly visiting/telephone reassurance services to help them live independent, meaningful and dignified lives by decreasing their feeling of loneliness and isolation.
11. Annually, 8% of Maui County's frail older adults will participate in an adult day care program and will be prevented from premature institutionalization for six months.
12. Annually, 15% of Maui County's caregiver's of cognitively impaired older adults will participate in Alzheimer's support services to prevent them from experiencing caregiver's burn out.

Goal # 3

Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.

1. On an annual basis, at least 90% of Family Caregivers will express that caregiver services increased the amount of time for them to tend to their own daily activities.
2. Hold annual Caregiver Conferences, beginning in September, 2003, which will provide a minimum of 100 Family Caregivers information on available resources, skill-building and techniques for caring for the frail and vulnerable elderly and themselves.
3. Begin a Family Caregiver Academy, effective July of 2003, to identify caregivers and to teach them skills and techniques to improve their caregiving capacity and to avoid "burn out".

Goal # 4

Older adults and family members are informed of elders rights and benefits.

1. By June 30, 2004, 90% of older adults who requested information about legal advice, counseling, and representation were linked to the appropriate legal resources.
2. On annual basis, 85% of those who requested legal assistance received any of the following services: legal advice, counseling and representation.

3. On an annual basis, 1% of older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sagewatch program.
4. On an annual basis, 1% of the older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sage Plus program.
5. On annual basis, 80% of older adults who participated in the end of life benefits symposium will indicate an increased knowledge of their rights, benefits and privileges.
6. By June 30, 2007, 80 % of older adults who participated in elderly abuse and neglect seminar, workshop, or lecture will show an increased knowledge of their rights to protect themselves from becoming victims.

Goal # 5

Public and private sectors and the community work together to address existing and emerging issues.

1. By June 30, 2007, MCOA will have collaborated with other public, private and/or community organizations, to organize, assess, plan and implement a strategy to address emerging issues.
2. By June 30, 2007, 14% of the frail and vulnerable adults are provided with services through volunteer programs.
3. Annually, 80% of the older adults who attended the health fair indicate that they will benefit by receiving health screening, assessment, counseling, and/or information that will provide health and wellness, disease prevention and healthier life style.
4. Annually, 90% of those requesting statistical and other strategic information on aging will indicate that they were provided with the data to conclude their research and/or planning activities.
5. Quarterly Community Aging Network Meetings will result in specific, achievable “baby steps” which can revitalize the community’s role in solutions to the growing challenge of the coming aging boom at a time when the dollars remain stagnant.
6. The Maui Long Term Care Partnership will have convened its regional planning groups with Maui County Office on Aging as a partner, so that innovative and systemic change can be made and in hopes of being eligible for implementation grant money from the Robert Wood Johnson Foundation, and others.

PART III. Action Plans

C. Objectives and Action Plans

Statement of Objective (#1-1)

On an annual basis, 90% of older adults on Maui County who received I &A services will be linked to appropriate services or resources.

Reference to Priority _____

To ensure that older persons have appropriate access to information on available benefits and services.

Major Action Steps to Achieve Objectives

Completion Date

- | | | |
|----|---|----------|
| 1. | Maintain updated resource file. | On going |
| 2. | Receive inquiries. | On going |
| 3. | Conduct intake and assess need. | On going |
| 4. | Make referrals to appropriate agencies. | On going |
| 5. | Follow up on the referrals and inform the client of the status of the referral. | On going |
| 6. | Advocate. | On going |

Outcome(s):

1. 90% of older adults requesting assistance will be linked by MCOA to appropriate services and resources.

Effectiveness Measure(s)

1. % of older adults requesting assistance were linked by MCOA to appropriate services or resources.

Statement of Objective (# 1-2)

On an annual basis, 65% of older adults on Maui will be able to make informed decision on available services and programs.

Reference to Priority _____

To ensure that older persons have appropriate access to information on available benefits and services.

Major Action Steps to Achieve Objectives	Completion Date
1. Provide information on services and programs available via telephone, group presentations, newspapers, radio, television and internet.	On going
2. Provide outreach	On going
3. Maintain satellite office in Lahaina.	On going
4. Subcontract with Hale Hulu Mamo to provide Information Assistance and Outreach in Hana.	On going
5. Produce and distribute Maui County Older Adult Resource Directory	2003, with annual updates
6. Participate in community information fairs.	On going
7. Set up information table in heavily visited locations.	On going
8. Distribute brochures, handouts, fact sheets and flyers on community resources.	On going

Outcome(s):

1. 65% of older adults on Maui will receive information assistance from MCOA.
2. 100% of surveyed older adults on Maui who will received information assistance from MCOA will indicate they have access to information on aging issues, resources and services.
3. 100% of older adults on Maui will indicate information received helped in their decision making.

Effectiveness Measure(s)

1. # of older adults on Maui who received information assistance from MCOA.(client log)
2. % of surveyed older adults on Maui who received information assistance from MCOA indicated they have access to information on aging issues, resources and services. (satisfaction survey)
3. % of surveyed older adults on Maui indicated information received helped in decision making. (satisfaction survey)

Statement of Objective (#1-3)

On an annual basis, 40% of older adults on Molokai will be able to make informed decision in how to access and qualify for available services.

Reference to Priority _____

To ensure that older persons have appropriate access to information on available benefits and services.

Major Action Steps to Achieve Objectives	Completion Date
1. Maintain satellite office on Molokai.	On going
2. Provide information assistance and outreach services on Molokai.	On going
3. Produce and distribute Maui County Adult Resource Directory every two years.	2003, with annual updates
4. Participate in community information fair.	On going
5. Set up information table in heavily visited location on Molokai.	On going

Outcome(s):

1. 40% of older adults on Molokai will receive information assistance from MCOA.
2. 100% of surveyed older adults on Molokai who will received information assistance from MCOA will indicate they have access to information on aging issues, resources and services.
3. 100% of older adults on Molokai will indicate information received helped in their decision making.

Effectiveness Measure(s)

1. # of older adults on Molokai who received information assistance from MCOA.(client log)
2. % of surveyed older adults on Molokai who received information assistance from MCOA indicated they have access to information on aging issues, resources and services. (satisfaction survey)
3. % of surveyed older adults on Molokai indicated information received helped in decision making. (satisfaction survey)

Statement of Objective (#1-4)

On an annual basis, 25% of older adults on Lanai will be able to make informed decision on how to access and qualify for available services.

Reference to Priority _____

To ensure that older persons have appropriate access to information on available benefits and services.

Major Action Steps to Achieve Objectives	Completion Date
1. Subcontract with Senior Services Division on Lanai.	On going
2. Distribute printed information updates such as fact sheets, newspaper inserts, newsletters and materials.	On going
3. Participate in community information fairs on Lanai.	As needed

Outcome(s):

1. 25% of older adults on Lanai will receive information assistance from MCOA
2. 100% of surveyed older adults on Lanai who will received information assistance from MCOA will indicate they have access to information on aging issues, resources and services.
3. 100% of older adults on Molokai will indicate information received helped in their decision making.

Effectiveness Measure(s)

1. # of older adults on Lanai who received information assistance from MCOA. (client log)
2. % of surveyed older adults on Lanai who received information assistance from MCOA indicated they have access to information on aging issues, resources and services. (satisfaction survey)
3. % of surveyed older adults on Lanai indicated information received helped in decision making. (satisfaction survey)

Statement of Objective (#1-5)

On annual basis, 20% (3,900) of Maui County's older adults will be informed of programs, services, issues and concerns that relate to aging.

Reference to Priority _____

- CPME # 33 To encourage the development and availability of educational and other programs for personal enrichment and preparation of older adults for new roles and functions.
- CPME # 38 To provide public awareness programs to heighten the community's sensitivity to special vulnerabilities of the poor, ill, and female older adults.

Major Action Steps to Achieve Objectives		Completion Date
1.	Publish and distribute 6,000 Maui County Resource Directories.	2003
2.	Publish and distribute newspaper inserts, newsletters, fact sheets and informational flyers to 20,000 older adults, families, caregivers, and agencies.	On going
3.	Participate in broadcasting media such as cable TV's AKAKU and radio programs to keep Maui County's residence informed of aging issues.	Monthly
4.	Sponsor and coordinate workshops, lectures and community forums to educate and inform 500 older adults, families, caregivers and agencies on issues concerning aging and the aging network. Workshops and forums will be aired on Akaku cable television when possible to make it available throughout the County.	As needed
5.	Set up informational tables in locations frequently visited by older adults and participate in community fairs.	Monthly
6.	Establish computerized kiosk at shopping malls, and other locations frequently libraries visited by the older adults , families and caregivers that have access to the Internet.	By June 30, 2007

Outcome(s):

1. 20% of the older adult population will indicate they have access to information on aging, resources and services through MCOA.
2. 90% of older adults will indicate information received from MCOA helped in their decision making and understanding aging issues.

Effectiveness Measure(s)

1. % of the adult population indicate they have accessed information on aging, resources and services through MCOA. (survey)
2. % of older adults indicate that the information received from MCOA helped in their decision making and understanding aging issues. (survey)

Statement of Objective (# 1-6)

By June 30, 2003, 27% (1,133) of older adults who have greatest social need especially those who are frail, isolated, and/or have a language barrier will have access to appropriate services and increased their understanding of aging issues.

Reference to Priority _____

To ensure that older persons have appropriate access to information on available benefits and services.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|-----------|
| 1. | Distribute and disseminate county wide fact sheets, brochures and other informational materials in various ethnic languages. | On going |
| 2. | Participate in radio programs and announce available services in various languages such Japanese and Ilocano. | As needed |
| 3. | Provide video telecast of aging issues. | As needed |
| 4. | Maintain a resource list of available interpreters. | On going |
| 5. | Conduct community outreaches. | On going |
| 6. | Maintain IAO services in Maui including Hana, Molokai and Lanai. | On going |
| 7. | Link non-English speaking older adults to organizations that can help them access appropriate services. | As needed |

Outcome(s):

1. 27% of Maui County's older adult who have greatest social needs will indicate they have access to information on aging issues, resources and services through MCOA.
2. 90% of older adults who have greatest social needs will indicate information received from MCOA helped in their decision making and understanding aging issues.

Effectiveness Measure(s)

1. % callers with greatest social need reported they have accessed information on aging issues, resources and services through MCOA. (IAO intake and referral log)
2. % callers with greatest social need reported information received from MCOA helped in their decision making and understanding aging issues (survey)

Statement of Objective (#1-7)

On annual basis, 65% (864) of the older Native Hawaiians/Part-Hawaiians will have access to information assistance and outreach services.

Reference to Priority _____

To ensure that older persons have appropriate access to information on available benefits and services.

Major Action Steps to Achieve Objectives	Completion Date
---	------------------------

- | | |
|---|----------|
| 1. Maintain Molokai IAO satellite office to provide information assistance and outreach services . | On going |
| 2. Maintain Lahaina IAO satellite office and provide information assistance and outreach services. | On going |
| 3. Maintain subcontract with Hale Hulu Mamo through MADC to provide information assistance & outreach services to Hana. | On going |
| 4. Maintain subcontract with Kaunoha Senior Services to provide I&A and outreach to Lanai older adults. | On going |

Outcome(s):

1. 65% of older adults who are Hawaiians will indicate they have access to information on aging issues, resources and services through MCOA.
2. 27% of Maui County's older adult who are Hawaiians will indicate information received from MCOA helped in their decision making and understanding aging issues.

Effectiveness Measure(s)

1. % callers who are Hawaiians reported they have accessed information on aging issues, resources and services through MCOA. (IAO intake and referral log)
2. % callers who are Hawaiians reported information received from MCOA helped in their decision making and understanding aging issues (survey)

Statement of Objective (# 1-8)

On annual basis, 10% (112) of Maui County's older adults with greatest economic need especially the low income minorities will be outreached and provided with information assistance and referral.

Reference to Priority

To provide assurances that the agency on aging will use outreach efforts to reach older individuals with greatest economic need (with particular attention to low-income minority individuals). (Sec. 306(5)(B)(i)(II))

Major Action Steps to Achieve Objective**Completion Date**

- | | | |
|----|---|----------|
| 1. | Identify areas that have greatest economic need population. | On going |
| 2. | Conduct individual, community and joint outreaches. | On going |
| 3. | Assess needs of outreached older adults. | On going |
| 4. | Provide information assistance and referral. | On going |

Outcomes:

1. 10% of Maui County's older adults who have greatest economic need will be outreached by MCOA.
2. 90% of surveyed older adults who have greatest social need will indicate they have access to information on aging issues, resources and services through MCOA's outreach effort.
3. 90% of older adults will indicate information received from MCOA helped in their decision making.

Effectiveness Measure:

1. # of older adults who have greatest economic need were outreached by MCOA.
2. % of surveyed older adults who received information assistance from MCOA's outreach effort indicated they have access to information on aging issues, resources and services. (satisfaction survey)
3. % of surveyed older adults who were outreached indicated information received helped in decision making. (satisfaction survey)

Statement of Objective (# 2-1)

On an annual basis, at least 65% (650) of older adults who received home and community -based services (Kupuna Care will show an improved ability to remain in their homes.

Reference to Priority _____

Kupuna Care will provide a quality service that is responsive to the needs of frail, at risk older adults and caregivers.

Major Action Steps to Achieve Objectives	Completion Date
1. Implement policies and procedures for KC .	Ongoing
2. Contract with selected providers to provide the following in-home and community based services that includes case management, personal care, chore, home maker, home delivered meals, assisted transportation, and adult day care.	Every July 1, 2003-2007
3. Continue operational policies and procedures.	Ongoing
4. Provide technical assistance for KC services	As needed
5. MCOA will authorize and order services for Kupuna Care registered clients.	As needed/Ongoing
6. MCOA will monitor and evaluate service delivery under the Kupuna Care program.	Quarterly and annually

Outcome(s):

1. 65% of older adults report that aging programs and services helped them to live independent, meaningful and dignified lives in their homes.
2. 100% surveyed service recipients indicate favorable responses regarding improved ability.

Effectiveness Measure(s)

1. % service recipients with improved ability to remain at home.(satisfaction survey)
2. % service recipients who received at least 6 months of services.(client registration)
3. % service recipients with favorable responses regarding improved ability.(satisfaction survey)

Statement of Objective (# 2-2)

Annually, 22%) of Maui County's frail older adults will receive case management services to be able to live independent, meaningful and dignified lives and remain at home for six months.

Reference to Priority _____

- CPME #20 To advocate for case management coordination services and programs which assist family caregivers.
- CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.
- CPME # 25 To implement the LTC plan for Hawaii's Older Adults and facilitate the development of necessary respite, case management, and personal care programs to augment and support efforts of informal caregivers of vulnerable older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|--|
| 1. | Develop and execute contract with Case Management service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 22% of Maui County's frail older adults will receive case management services.
2. 64% of case management client's are able to remain at home for additional six months and live in a safe and supportive environment.

Effectiveness Measure(s)

1. # of eligible clients who receive case management coordinated services.
2. % of eligible clients who are able to remain at home as a result of case management coordinated services.
3. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-3)

Annually, 9% of Maui County's frail older adults will receive personal care services to be able to live independent, meaningful and dignified lives and remain at home for six months.

Reference to Priority _____

- CPME # 24 To advocate for the provision of these services in in-home, community-based, and institutional settings.
- CPME # 25 To implement the LTC plan for Hawaii's Older Adults and facilitate the development of necessary respite, case management, and personal care programs to augment and support efforts of informal caregivers of vulnerable older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|--|
| 1. | Develop and execute contract with personal care service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 9% of Maui County's frail older adults will receive personal care services.
2. 70% of clients indicate they are able to remain at home and live independent, meaningful and dignified lives as a result of receiving personal care services.

Effectiveness Measure(s)

1. # of clients who received personal care services. (client registration)
2. % of eligible clients who are able to remain at home as a result of personal care services. (client registration)
3. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-4)

Annually, 2% (20) of Maui County's frail older adults will receive chore services to be able to live independent, meaningful and dignified lives and remain at home for six months.

Reference to Priority _____

- CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.
- CPME # 24 To advocate for the provision of these services in in-home, community-based, and institutional settings.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|--|
| 1. | Develop and execute contract with chore care service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 9% of Maui County's frail older adults will receive chore services.
2. 95% of clients indicate they are able to remain at home for six months and live independent, meaningful and dignified lives as a result of receiving chore services.

Effectiveness Measure(s)

1. # of clients who received chore services. (client registration)
2. % of eligible clients who are able to remain at home as a result of chore services. (client registration)
3. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-5)

Annually, 9% (100) of Maui County's older adults will receive home maker/house keeping services to be able to live independent, meaningful and dignified lives and remain at home for six months.

Reference to Priority _____

- CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.
- CPME # 24 To advocate for the provision of these services in in-home, community-based, and institutional settings.

Major Action Steps to Achieve Objectives		Completion Date
1.	Develop and execute contract with home maker/ house keeping service provider selected during the RFP process.	Each year by July 1
2.	Provide technical assistance through telephone and scheduled site visits.	On going
3.	Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed.	Every quarter for each year: September 30, January 30, April 30, & July 30
4.	Conduct client satisfaction evaluation.	Each year by June 30
5.	Amend contract and make appropriate changes.	Each year by June 15
6.	Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year.	Each year by June 10
7.	Incorporate quarterly reports and analysis into AAA annual report.	Every quarter for each year: September 30, January 30, April 30, & July 30

Outcome(s):

1. 9% of Maui County's frail older adults will receive home maker/house keeping services.
2. 95% of clients indicate they are able to remain at home for six months and live independent, meaningful and dignified lives as a result of receiving home maker/house keeping services.

Effectiveness Measure(s)

1. # of clients who received home maker/house keeping services. (client registration)
2. % of eligible clients who are able to remain at home as a result of home maker/house keeping services. (client registration)
3. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-6)

Annually, 50% of Maui County's frail older adults will receive assisted transportation services to be able to live independent, meaningful and dignified lives and remain at home for six months.

Reference to Priority _____

To ensure that the older adults who are in greatest social need access and receive needed services necessary for maintaining their health, social and economic well being.

Major Action Steps to Achieve Objectives	Completion Date
1. Develop and execute contract with assisted transportation service provider selected during the RFP process.	Each year by July 1
2. Provide technical assistance through telephone and scheduled site visits.	On going
3. Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed.	Every quarter for each year: September 30, January 30, April 30, & July 30
4. Conduct client satisfaction evaluation.	Each year by June 30
5. Amend contract and make appropriate changes.	Each year by June 15
6. Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year.	Each year by June 10
7. Incorporate quarterly reports and analysis into AAA annual report.	Every quarter for each year: September 30, January 30, April 30, & July 30

Outcome(s):

1. 9% of Maui County's frail older adults will receive assisted transportation services
2. 54 % of assisted transportation clients indicate that the service helped them live independent, meaningful and dignified lives in their homes for additional six months.

Effectiveness Measure(s)

1. # of clients who received assisted transportation services. (client registration)
2. % of eligible clients who are able to remain at home as a result of assisted transportation services. (client registration)
3. % of older adults who report that the services helped them to access services that helped them live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-8)

Annually, 48% (450) of Maui County's frail older adults will receive home delivered meals services to be able to live independent, meaningful and dignified lives and remain at home for six months.

Reference to Priority _____

- | | |
|-----------|--|
| CPME # 21 | To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings. |
| CPME # 24 | To advocate for the provision of these services in in-home, community-based, and institutional settings. |
| CPME # 25 | To implement the LTC plan for Hawaii's Older Adults and facilitate the development of necessary respite, case management, and personal care programs to augment and support efforts of informal caregivers of vulnerable older adults. |
| CPME # 39 | To encourage and work with relevant resources to have appropriate wellness and health promotion and education programs, which address nutritional, physical exercise and preventive health behaviors, or Hawaii's older adults. |

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|--|
| 1. | Develop and execute contract with home delivered meals service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 48% of Maui County's frail older adults will receive home delivered meals services.
2. 88% of home delivered participants indicate they are able to remain at home for six months and live independent, meaningful and dignified lives.

Effectiveness Measure(s)

1. # of clients who received home delivered meals services. (client registration)
2. % of eligible clients who are able to remain at home as a result of home delivered meals services. (client registration)
3. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)
4. % of participants whose scores on the nutritional risk assessment survey are maintained or improved.(nutritional risk assessment scores)

Statement of Objective (# 2-9)

Annually, 7%) of Maui County's older adults will receive congregate meals services to improve their nutritional status and improve or maintain their social well being.

Reference to Priority _____

CPME # 39 To encourage and work with relevant resources to have appropriate wellness and health promotion and education programs, which address nutritional, physical exercise and preventive health behaviors, or Hawaii's older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|--|
| 1. | Develop and execute contract with home delivered meals service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 7% of Maui County's older adult population will participate in congregate meals services.
2. 50% of nutrition participants whose nutritional risk assessment score are maintained or improved.
3. 100% of nutrition participants who indicate that they have better and more frequent socialization.

Effectiveness Measure(s)

1. # of clients who received services. (number of referrals and acceptance to the service)
2. % of nutrition participants whose nutritional risk assessment score are maintained or improved. (nutritional risk assessment)
3. % of clients who indicate that as a result of the service they are able to maintain or improve their socialization. (Satisfaction survey)

Statement of Objective (# 2-10)

Annually, 38% of Maui County's older adults who participate in nutrition congregate meal sites will receive nutrition transportation services to access the congregate meal sites in a safe and timely manner and improve or maintain their social being.

Reference to Priority _____

To ensure that the older adults who are in greatest social need access and receive needed services necessary for maintaining their health, social and economic well being.

Major Action Steps to Achieve Objectives	Completion Date
1. Develop and execute contract with nutrition congregate meals service provider selected during the RFP process.	Each year by July 1
2. Provide technical assistance through telephone and scheduled site visits.	On going
3. Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed.	Every quarter for each year: September 30, January 30, April 30, & July 30
4. Conduct client satisfaction evaluation.	Each year by June 30
5. Amend contract and make appropriate changes.	Each year by June 15
6. Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year.	Each year by June 10
7. Incorporate quarterly reports and analysis into AAA annual report.	Every quarter for each year: September 30, January 30, April 30, & July 30

Outcome(s):

1. 38% of Maui County's frail older adults will receive nutrition transportation services.
2. 100 % of nutrition transportation clients indicate that the service helped improve or maintain their social being.

Effectiveness Measure(s)

1. # of clients who received nutrition transportation services. (client registration)
2. % of older adults who report that the services helped them to access services that improve or maintain their social being. (satisfaction survey)

Statement of Objective (# 2-11)

Annually, 18% of Maui County's frail older adults will participate in friendly visiting/telephone reassurance services to help them live independent, meaningful and dignified lives by decreasing their feeling of loneliness and isolation.

Reference to Priority _____

- CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.
- CPME # 24 To advocate for the provision of these services in in-home, community based, and institutional settings.

Major Action Steps to Achieve Objectives		Completion Date
1.	Develop and execute contract with friendly visiting/telephone reassurance service provider selected during the RFP process.	Each year by July 1
2.	Provide technical assistance through telephone and scheduled site visits.	On going
3.	Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed.	Every quarter for each year: September 30, January 30, April 30, & July 30
4.	Conduct client satisfaction evaluation.	Each year by June 30
5.	Amend contract and make appropriate changes.	Each year by June 15
6.	Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year.	Each year by June 10
7.	Incorporate quarterly reports and analysis into AAA annual report.	Every quarter for each year: September 30, January 30, April 30, & July 30

Outcome(s):

1. 18% of Maui County's frail older adults will receive friendly visiting/telephone reassurance services.
2. 85% of friendly visiting/telephone reassurance clients indicate they are able to remain at home and live independent, meaningful and dignified lives as a result of receiving personal care services.

Effectiveness Measure(s)

1. # of clients who received friendly visiting/telephone reassurance services. (client registration)
2. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-12)

Annually, 8% of Maui County's frail older adults will participate in an adult day care program and will be prevented from premature institutionalization for six months.

Reference to Priority _____

- CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.
- CPME # 24 To advocate for the provision of these services in in-home, community-based, and institutional settings.
- CPME # 25 To implement the LTC plan for Hawaii's Older Adults and facilitate the development of necessary respite, case management, and personal care programs to augment and support efforts of informal caregivers of vulnerable older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|--|
| 1. | Develop and execute contract with adult day care service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 2% of Maui County's frail older adults will participate in the adult day care program..
2. 50% of clients indicate they are able to remain at home and live independent, meaningful and dignified lives as a result of their participation in the adult day care program.

Effectiveness Measure(s)

1. # of clients who participated in the adult day care program. (client registration)
2. % of eligible clients who are prevented from premature institutionalization for six months as a result of their participation in the adult day care program. (client registration)
3. % of seniors who report that the services helped them to live independent, meaningful and dignified lives. (satisfaction survey)

Statement of Objective (# 2-13)

Annually, 15% of Maui County's caregivers of cognitively impaired older adults will participate in Alzheimer's support services to prevent them from experiencing caregiver burnout.

Reference to Priority _____

- CPME #20 To advocate for case management coordination services and programs which assist family caregivers.
- CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.
- CPME # 24 To advocate for the provision of these services in in-home, community-based, and institutional settings.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|--|
| 1. | Develop and execute contract with Alzheimer's support service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 15% of caregivers of older adults will participate in the Alzheimer's Support program.
2. 100% of caregivers indicate they are able to continue to care for the cognitively impaired older adults as a result of their participation in the Alzheimer's Disease program.

Effectiveness Measure(s)

1. # of caregiver who participated in Alzheimer's Support groups. (client registration)
2. % of caregivers who report that they continued taking care of a cognitively impaired older adult as a result of their participation in the Alzheimer's Support program. (satisfaction survey)

Statement of Objective (# 4-1)

By June 30, 2000, 85% of older adults who requested information about legal advice, counseling, and representation were linked to the appropriate legal resources.

Reference to Priority _____

Older Americans Act Sec. 306(a)(2)(C) - legal assistance funding

CPME 22 To advocate for and continue to support provisions in the OAA and other laws which target the special concerns of members of the vulnerable group and provide funding and other resources to address these concerns.

Major Action Steps to Achieve Objectives		Completion Date
1.	Promote and disseminate available legal services through informational campaign, outreach, printed materials, mass media and through the Internet.	on going
2.	Coordinate with adult and consumer protection agencies, entitlement agencies, police and other safety departments and legal community to disseminate updated information on fraud, landlord and tenet laws, entitlements and other legal and consumer issues pertinent to the older adults.	on going
3.	Contract with appropriate legal service provider.	as needed
4.	Refer clients to appropriate legal services.	as needed

Outcome(s):

1. 85% older adults are more aware of their rights and benefits.

Effectiveness Measure(s)

1. % of individuals linked to appropriate legal resources (information assistance intake)

Statement of Objective (# 4-2)

On annual basis, 85% of older adults who requested legal assistance received any of the following services: legal advice, counseling and representation.

Reference to Priority _____

Older Americans Act Sec. 306(a)(2)(C) - legal assistance funding

CPME 22 To advocate for and continue to support provisions in the OAA and other laws which target the special concerns of members of the vulnerable group and provide funding and other resources to address these concerns.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|--|
| 1. | Develop and execute contract with legal assistance service provider selected during the RFP process. | Each year by July 1 |
| 2. | Provide technical assistance through telephone and scheduled site visits. | On going |
| 3. | Monitor and evaluate program performance and fiscal management on a quarterly basis or as needed. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |
| 4. | Conduct client satisfaction evaluation. | Each year by June 30 |
| 5. | Amend contract and make appropriate changes. | Each year by June 15 |
| 6. | Re-evaluate program, develop contract and/or RFP, as appropriate for next fiscal year. | Each year by June 10 |
| 7. | Incorporate quarterly reports and analysis into AAA annual report. | Every quarter for each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

1. 85% of older adults who requested legal assistance indicate that they received legal assistance
2. 100% of older adults who received legal assistance indicate that they are more aware of elder rights and benefits.

Effectiveness Measure(s)

1. % of clients who requested actually received legal services (legal aid intake and survey)
2. % of older adults who received legal assistance indicate that they are more aware of elder rights and benefits. (Intake and survey)

Statement of Objective (# 4-3)

On an annual basis, 1% of older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sagewatch program.

Reference to Priority _____

- CPME # 19 To develop education and training programs addressing the psychosocial needs of functionally impaired older adults.
- CPME # 35 To advocate for policies and programs which ensure the physical safety and health of older adults.
- CPME # 38 To provide public awareness programs to heighten the community's sensitivity to special vulnerabilities of the poor, ill, and female older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|---|
| 1. | Coordinate Executive Office on Aging's Sagewatch program for Maui County. | On going |
| 2. | Recruit, establish and train volunteer counselors | On going |
| 3. | Provide the volunteers support and assistance such as guidance, additional training, materials, and others. | On going |
| 4. | Promote Sagewatch program and make it available to the older adult residents of Maui County | On going |
| 5. | Monitor, evaluate and incorporate best practices of the program to make it successful. | Every quarter in each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

- 1% of older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sagewatch program.
- 80% of older adults who attended Sagewatch presentations are prevented from becoming victims of Medicare and/or Medicaid fraud.

Effectiveness Measure(s)

1. % of older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sagewatch program.
2. % of older adults who indicate that they are more aware of elder rights and benefits especially on Medicare and Medicaid programs. (intake and survey)

Statement of Objective (# 4-4)

On an annual basis, 1% (160) of the older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sage Plus program.

Reference to Priority _____

- CPME # 13 To sponsor and conduct public awareness relating to the financing of long term care and financing options.
- CPME # 19 To develop education and training programs addressing the psychosocial needs of functionally impaired older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|---|
| 1. | Coordinate Executive Office on Aging's Sage Plus program for Maui County. | On going |
| 2. | Recruit, establish and train volunteer counselors | On going |
| 3. | Provide the volunteers support and assistance such as guidance, additional training, materials, and others. | On going |
| 4. | Promote Sage Plus program and make it available to the older adult residents of Maui County | On going |
| 5. | Monitor, evaluate and incorporate best practices of the program to make it successful. | Every quarter in each year:
September 30, January 30,
April 30, & July 30 |

Outcome(s):

- 2.5% of older adults who are Medicare/Medicaid recipients are more aware of elder rights and benefits through Sage Plus program.
- 80% of the older adults who are counseled on Sage Plus indicate information received helped them select, access and benefit from their health insurance.

Effectiveness Measure(s)

- % of older adults who were counseled on their rights and benefits through the Sage Plus program (presentation attendance and # of persons who received 1 on 1 counseling)
- % of older adults who indicate that they are more aware of their rights and benefits on their health insurance due to the Sage Plus program. (intake and survey)

Statement of Objective (#4 -5)

By June 30, 2002, 80% of older adults who participated in end of life benefits symposium will indicate an increased knowledge of their rights, benefits and privileges.

Reference to Priority _____

- CPME # 19 To develop education and training programs addressing the psycho social needs of functionally impaired older adults.
- CPME # 35 To advocate for policies and programs which ensure the physical safety and health of older adults.
- CPME # 38 To provide public awareness programs to heighten the community's sensitivity to special vulnerabilities of the poor, ill, and female older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|---------------|
| 1. | Collaborate with the following: Dept. of Health, Kaiser Permanente, HMSA Queens Medical, Hospice Maui, Kokua Mau, and other agencies to conduct joint seminar, forum or workshop. | June 30, 2004 |
| 2. | Secure funding for joint seminar, forum or workshop. | June 30, 2004 |
| 3. | Conduct one major workshop on the island of Maui. | June 30, 2004 |
| 4. | Coordinate with AKAKU to telecast seminar, forum or workshop for Hana, Molokai and Lanai. | June 30, 2004 |
| 5. | Evaluate the workshop and incorporate appropriate changes. | June 30, 2004 |

Outcome(s):

1. 80% of surveyed older adults who indicate an improved knowledge of their rights, benefits and privileges due to education and training activities that were provided.

Effectiveness Measure(s)

1. % of participants with increase knowledge of their rights, benefits and privileges.(evaluation survey)

Statement of Objective (#4-6)

By June 30, 2007, 80% of older adults who participated in elderly abuse and neglect seminar, workshop, or lecture will show an increased knowledge of their rights to protect themselves from becoming victims.

Reference to Priority _____

- CPME # 19 To develop education and training programs addressing the psychosocial needs of functionally impaired older adults.
- CPME # 35 To advocate for policies and programs which ensure the physical safety and health of older adults.
- CPME # 38 To provide public awareness programs to heighten the community's sensitivity to special vulnerabilities of the poor, ill, and female older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|---------------|
| 1. | Collaborate with the following: Dept of Human Services, Dept. of Health, Police Dept., Legal Aid, Prosecution Office, Judiciary, Consumer Affairs and other agencies to conduct joint workshop. | On going |
| 2. | Secure funding for joint seminar, forum or workshop. | As needed |
| 3. | Conduct one major workshop on the island of Maui. | Annually |
| 4. | Coordinate with AKAKU to telecast seminar, forum or workshop for Hana, Molokai and Lanai. | Annually |
| 5. | Evaluate the workshop and incorporate appropriate changes. | June 30, 2007 |

Outcome(s):

1. 80% of surveyed older adults indicate an improved knowledge of their rights, benefits and privileges due to education and training activities provided.

Effectiveness Measure(s)

1. % of participants who indicate they have improved their knowledge of their rights, benefits and privileges especially on elderly abuse and neglect. (evaluation survey)

Statement of Objective (# 5-1)

75% of the older adults served by the Community Voices Project will indicate enhance social, physical or economic well being.

Reference to Priority _____

CPME # 42 To encourage private sector initiatives to serve the elders.

Major Action Steps to Achieve Objectives		Completion Date
1.	Nurture the Community Voice Project planning and implementation groups in each district of Central Maui, South Maui, West Maui, Upcountry, Hana, Molokai and Lanai.	Ongoing
2.	Conduct planning session in each district.	On going
3.	Provide assistance and support for each district to implement chosen project.	As needed
4.	Monitor and follow up each district's project.	As needed
5.	Evaluate and assess projects.	Every year by May 30

Outcome(s):

1. 50% of older adults and caregivers report that community initiatives improved conditions affecting their well being.

Effectiveness Measure(s)

1. % service recipients that indicate enhanced well being.

Statement of Objective (#5-2)

By June 30, 2007, 14% of the frail and vulnerable older adults are provided with services through volunteer programs.

Reference to Priority _____

CPME # 31 To develop community service volunteer programs for older adults.

CPME # 42 To encourage the private sector initiatives to serve the elders.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|---|----------|
| 1. | Support and provide technical assistance to volunteer organizations such as Maui Interfaith Volunteer Caregivers and Project DANA and the Senior Companion program. | On going |
|----|---|----------|

Outcome(s):

1. 14% of frail older adults will receive gap services that promotes and maximizes their well being.

Effectiveness Measure(s)

1. # of older adults who benefitted from volunteer in-home and community based services. (linked referrals)
2. % of surveyed frail older adults who received gap services indicate that it promoted and maximized their well being.

Statement of Objective (# 5-3)

Annually, 80% of the older adults who attended the health fair will indicate that they benefitted by receiving health screening, assessment, counseling, and/or information that will provide health and wellness, disease prevention and healthier life style.

Reference to Priority _____

CPME # 21 To advocate for and continue to support preventive programs which address needs of those vulnerable group members with physical limitations in both community and institutional settings.

CPME # 42 To encourage the private sector initiatives to serve the elders.

Major Action Steps to Achieve Objectives		Completion Date
1.	Help coordinate health fairs for Central Maui, Hana, Molokai and Lanai.	Ongoing
2.	Support sponsors for the health fair on Central Maui, Hana, Molokai and Lanai.	Ongoing
3.	Help promote and publicize the health fairs.	As needed

Outcome(s):

1. 80% of older adults who participated indicate that information and services provided at the health fair offered opportunities that promotes and maximize their well being and their ability to live healthier lives.

Effectiveness Measure(s)

1. % of surveyed participants provide favorable responses. (after event evaluation)

Statement of Objective (# 5-4)

Annually, 90% of those requesting statistical and other strategic information on aging will indicate that they were provided with the data to conclude their research and/or planning activities.

Reference to Priority _____

Older American's Act mandate

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|-----------|
| 1. | Provide statistical and other strategic information on the older adult population of Maui County to who requested. | As needed |
| 2. | Provide other sources of related information. | As needed |

Outcome(s):

- | | |
|----|--|
| 1. | 90% of callers indicate information received helped conclude their research studies or planning activities that will promote and maximize the older adults well being. |
|----|--|

Effectiveness Measure(s)

- | | |
|----|---|
| 1. | % of those who requested information indicated that the data provided helped them. (stamped self addressed questionnaire) |
|----|---|

Statement of Objective (# 5-5)

Annually, 80 % of older adults who attended the workshop, seminar or lecture will show increased knowledge of the impact of aging and/or other aging issues.

Reference to Priority _____

- CPME # 19 To develop education and training programs addressing the psychosocial needs of functionally impaired older adults.
- CPME # 34 To initiate public awareness programs of the accommodations for sensory and other changes which must be integral in personal growth programs and offerings.
- CPME # 38 To provide public awareness programs to heighten the community's sensitivity to special vulnerabilities of the poor, ill, and female older adults.

Major Action Steps to Achieve Objectives**Completion Date**

- | | | |
|----|--|---------------------------|
| 1. | Convene a small focus group to identify emerging issues that will impact the Maui County's older adults. | Every year by November 30 |
| 2. | Coordinate a workshop, seminar or lecture on the identified emerging aging issues. | Every year by January 15 |
| 3. | Schedule workshop, seminar or lecture. | Every year by February 30 |
| 4. | Promote workshop, seminar or lecture. | Every year by April 15 |
| 5. | Conduct and telecast workshop, seminar or lecture. | Every year by April 15 |

Outcome(s):

1. 80 % of planning process participants who confirm at least three of Maui County's Office on Aging Area Plan identified emerging issues during the first year of the planning cycle.
2. 80% of surveyed elderly who indicate an improved situation due to advocacy/education/ training activities provided by Maui County Office on Aging.

Effectiveness Measure(s)

1. % of the focus group participants who identified area plan concerns as Maui County's older adult's emerging issues. (participants who identified Area Plan issues)
2. % workshop, seminar, or lecture participants with increased knowledge of aging issues. (after workshop evaluation)

PART III. Action Plans

D1. Targeting Services -- The Next Four Years

1. Methods For Assuring Service Preference to Older Individuals with the Greatest Economic And Greatest Social Needs

A. Declaration of Compliance

With respect to older individuals with the greatest economic or social needs, the Executive Office on Aging, the State Agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

B. Definitions

1. Greatest Economic Need means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. [OAA, Sec. 302(20)]
2. Greatest Social Need means the need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently. [OAA, Sec. 302(21)] ("Greatest social need" has the same meaning as "socially disadvantaged").
3. Both greatest social need and low-income should be self-explanatory from the definitions provided above. This refers to older persons who are in both greatest social and greatest economic need. (This group of persons is commonly referred to as the most vulnerable.)

C. Methods for Assuring Service Preference

1. The Maui County Office on Aging Area Plan 2003 - 2007 will provide assurances that preference will be given to providing services to older individuals with the greatest economic or social needs, with special emphasis on meeting the service needs of the most vulnerable older adults.
2. The Maui County Office on Aging will develop and publish methods by which priority of

services is determined. Such methods will include factors and weights which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social needs and the most vulnerable older adults.

3. The Maui County Office on Aging will divide its respective geographic area into distinct sub-areas considering among others the following: the distribution of older individuals having greatest economic need; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
4. The Maui County Office on Aging, upon review and analysis of information described in item C.3 above, will determine which locations within the area will need service assistance under area plans due to high concentration or high proportion of older individuals with greatest economic or social needs, and specialize in the types of services most needed by these preference groups.
5. The State's intra-state funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals in greatest economic or social need.
6. The Maui County Office on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.
7. The Maui County Office on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provision of such services.
8. The Maui County Office on Aging will establish working relationships with other public and private agencies and organizations working on behalf of vulnerable older persons, such as Easter Seals, rehabilitation units, boarding homes, sheltered workshops, post office, police department, utilities, etc., toward gaining their assistance in identifying problems, and inform such agencies and organizations of the availability of service under area plans.
9. The Maui County Office on Aging will use outreach efforts that will identify individuals eligible for assistance under area plans, with special emphasis on rural elders, and inform such individuals of the availability of such assistance.
10. The Maui County Office on Aging will maintain, as reasonably feasible, elderly minority participation rates in Title III funded programs at or above the percentage distribution of older minorities in their planning and service area, as determined by the most reliable and satisfactory data available.

2. Method For Assuring Service Preference To Older Individuals From Rural Areas

A. Declaration of Compliance

With respect to older individuals residing in rural areas, the Executive Office on Aging, the State Agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner so as to ensure that this target group will be served.

The Hawaii Revised Statutes Section 349-1 -- Declaration of purpose, support, duties -- in part enables our older people to secure equal opportunity to the full and free enjoyment of the following, which apply to rural older adults:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.
3. Efficient community services which provide social assistance in coordinated manner which are readily available when needed.
4. Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.
5. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.

B. Definitions

Rural elders are persons age 60+ residing in any area outside an incorporated area or a Census Designated Place with a population of more than 20,000. On Maui all areas are considered rural areas with the exception of the CDP of Kahului.

C. Methods for Assuring Service Preferences

1. The Maui County Office on Aging Area Plan 2003 -2007 will provide assurances that preference will be given to providing services to older individuals living in rural areas.
2. The Maui County Office on Aging will use outreach efforts (such as intake and referral, newsletters, community forums and public hearings) to identify individuals eligible for assistance as well as to inform the rural elders of the availability of services.

3. The Maui County Office on Aging will provide a variety of services for the rural area such as: comprehensive services, case management, information and referral, personal care, senior identification, and transportation.
4. The Maui County Office on Aging will inform the isolated rural older adults about the services and programs available by using a variety of means available and feasible which may include brochures, newsletters, radio programs and/or television programs.
5. The Maui County Office on Aging will work with community council representatives in an effort to inform them of programs and services existing in the rural community.
6. Federal funds awarded to the Maui County Office on Aging will take into consideration the numbers of older individuals residing in rural areas.

3. Method For Assuring Service Preference To Low-Income Minority Older Individuals

A. Declaration of Compliance

With respect to low-income minority older individuals service needs, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be met.

The Hawaii Revised Statutes Section 349-1 -- Declaration of purpose, support, duties -- in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following which apply to low-income minority older individuals:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.
7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the elders with the greatest economic and social need.

8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

B. Definitions

1. Low Income means having an income at or below the federal poverty level. It is the same as "greatest economic need."
2. Minority elders are persons age 60+ who are either: American Indian/Alaskan Native; Asian Pacific Islander; Black, not of Hispanic origin; or Hispanic.
3. Low-Income Minority elders are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic, with an annual income at or below the established poverty level.

C. Methods for Assuring Service Preferences

1. The Maui County Office on Aging will provide assurance that preference will be given to providing services to low-income older individuals with special emphasis on meeting the service needs of the most vulnerable elders. The Area Plan will include proposed methods for implementing the preference requirements which are consistent with methods contained herein.
2. The Maui County Office on Aging will include a condition in all contracts with its service providers that:
 - a. If there is a wait list, the provider will give preference to low income and/or minority older adults.
 - b. Service providers will attempt to serve low-income minority elderly individuals in at least the same proportion as the population of low-income minority older individuals bear to the population of older individuals of the area served by such providers.
3. The Maui County Office on Aging will develop and publish methods by which priority services are determined. Such methods will include factors which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social needs and the most vulnerable elders.
4. The Maui County Office on Aging will divide the County into distinct subareas considering, among others, the following: the distribution of low income; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.

5. The Maui County Office on Aging, upon review and analysis of information described in item 4 above, will determine which locations within the area will need service assistance under its Area Plan due to high concentration or high proportion of low-income minority older individuals, and specialize in the type of services most needed by this group.
6. The Maui County Office on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older low-income individuals in need of community or home-based support services.
7. The Maui County Office on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
8. The Maui County Office on Aging will establish working relationships with other public and private agencies and organizations working on behalf of low-income minorities older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
9. The Maui County Office on Aging will use information and referral, and outreach efforts will identify individuals eligible for assistance under its Area Plan, with special emphasis on rural elders, and inform such individuals of the availability of such assistance.

The Maui County Office on Aging will focus its efforts in pocket areas where high numbers of low income and/or minority elders reside.

The Maui County Office on Aging service providers will make efforts to hire and recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly. Lastly, the Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low income and minority older adults.

10. The Maui County Office on Aging will maintain, as reasonably feasible, low-income minority older adult participation rates in Title III funded programs at or above the percentage distribution of elderly minorities in the State as determined by the most reliable and satisfactory data available.
11. The Maui County Office on Aging will give preference to the promotion and publicity of programs and services with a high indication for the low-income and/or the minority elders.
12. The Maui County Office on Aging will continue to advocate for expansion and implementation of services with a high indication for the low-income and/or minority elders.
13. The Maui County Office on Aging will encourage service clubs and private enterprises to conduct service projects and/or funding to the low-income, minority, or frail older individual whenever the opportunity arises.

14. The Maui County Office on Aging will encourage service providers to plan ethnic activities as a means of attracting minority elderly to participate or utilize the services and programs in the county.

4. Method For Assuring Service Preference To Older Individuals Who Are Native Americans Especially Those Who Are Native Americans Especially To Hawaiian/Part-Hawaiians.

A. Declaration of Compliance

With respect to older individuals who are Native Americans, the Executive Office on Aging, the State Agency for the State of Hawaii, through designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner so as to ensure that this target group will be served.

The Hawaii Revised Statutes 349-1 and Section 306(a)(11) of the Older Americans Act enables our older adults who are Native Americans (Hawaiian/Part-Hawaiians) to secure equal opportunity to the full and free enjoyment of the following:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.
3. Efficient community services which provide social assistance in coordinated manner that is readily available when needed.
4. Freedom, independence and the free exercised of individual initiative in planning and managing their own lives.
5. Make available comprehensive programs that include a full range of health, education and social services to our older residents who need them.
6. Insure the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

B. Definition

1. Native Americans refers to American Indian, Alaskan Native, and Native Hawaiian.
2. Native Hawaiian means any individual of whose ancestors were natives of the area that consists of the Hawaiian Islands prior to 1778.
3. Hawaiian/Part-Hawaiian means a person having origins in any of the original peoples of Hawaii. also includes persons who are part Hawaiian and identify most closely with the Hawaiian category.

C. Methods for Assuring Service Preference

1. The Maui County Office on Aging will use information and referral, and outreach efforts to identify individuals eligible for assistance under its Area Plan, with special emphasis on Native American elders, and inform such individuals of the availability of such assistance.

The Maui County Office on Aging will focus its efforts in pocket areas where high numbers of Native Americans reside.

2. The Maui County Office on Aging will inform the Native American older adults about services and programs available by using a variety of means available and feasible which may include brochures, newsletters, radio programs and/or television programs.
3. The Maui County Office on Aging will establish working relationships with other public and private agencies and organizations working directly on behalf of Native American older persons. The Area Agency will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
4. The Maui County Office on Aging will develop and publish methods by which priority services are determined. Such methods will include factors which affirmatively provide service preference to meeting service needs of older Native Americans.
5. The Maui County Office on Aging will continue to advocate for expansion and implementation of services with a high indication for the Native Americans and/or minority elders.
6. The Maui County Office on Aging will encourage service clubs and private enterprises to conduct service projects and/or funding to the Native American individuals whenever the opportunity arises.
7. The Maui County Office on Aging will encourage service providers to plan ethnic activities for attracting Native American elderly to participate or use the programs and services in the county.

PART III. Action Plans

D2. Targeting Services -- The Previous Year, 2002

1. Characteristics

The Maui County Office on Aging targeted the older individuals with greatest economic need, older individuals with greatest need, low income minority older individuals, and older individuals residing in rural areas.

2. Methods Used to Satisfy Their Service Needs

A. Methods Used to Assure Service Preference to Older Adults with Greatest Economic Need and Greatest Social Need:

1. Contracted with agencies that targeted the frail and vulnerable older adults.
2. Continued to employ culturally sensitive bilingual staff.
3. Provided bilingual informational presentations to minority groups.
4. MCOA staff provided information to ethnic groups by promoting access to programs and services through radio and television talk shows.
5. Coordinated with Legal Aid Society of Hawaii, Adult Protective Services and other agencies in sharing bilingual capability and cultural expertise to ensure that minorities had access to programs and services.
6. Coordinated and conducted joint outreaches and information assistance with agencies that provided services to low income and under-served minorities.
7. Provided support to the Maui Interfaith Volunteer Caregivers in its effort to provide volunteer assistance to the frail and homebound older adults.
8. Established collaborative partnership with the Police Department, post offices, churches, banks, department stores, corporate management groups, and other institutions that resulted in referrals.
9. Initiated liaisons with the post offices, banks and libraries to implement the Gate Keepers program.
10. Continued to use the newspapers, radio, and the cable broadcasting to inform elderly residents and their families of current issues, trends and pertinent information on aging.

B. Methods Used to Assure Service Preference to Older Adults who are Low Income Minorities:

The Maui County Office on Aging targeted the low income minority by conducting the following activities:

1. Provided information assistance, group presentations, and outreaches to ethnic clubs, church congregations, senior clubs and congregate dining programs.
2. Participated in multi-cultural councils and other organizations that reach out to Native Hawaiians, ethnic minorities, and economically disadvantaged older adults.
3. Contracted with agencies that provide services to low income older adults.
4. Maintained Information Assistance and Outreach (IAO) satellite offices in areas where there are concentrations of Native Hawaiians, minorities and low income residents. MCOA maintained a satellite office on Molokai.
5. Encouraged service providers to plan ethnic activities to attract low income minority participants of programs and services.
6. MCOA and service providers continue to employ bilingual staff.
7. MCOA and service providers continue to provide bilingual information and assistance to low income minorities.

C. Methods Used to Assure Service Preference to Older Adults in Rural Areas:

The Maui County Office on Aging targeted the older resident in rural areas by conducting the following activities:

1. IAO aides regularly visited congregate dining sites and senior centers to inform seniors of services, programs, trends, issues, and developments in the aging network.
2. IAO aides regularly set up joint informational tables at post offices, commercial establishments and at special events in rural areas.
3. IAO aides regularly conducted monthly community outreaches in rural neighborhoods.
4. Distributed informational materials, including resource directories to older adults, caregivers and professionals.
5. Coordinated the staffing of the Lahaina satellite office with the AARP volunteers to keep it open five days a week.
6. Maintained IAO satellite offices on Molokai and in Lahaina. MCOA also subcontracted with Senior Services Division to provide information assistance and outreach services on Lanai to ensure county-wide coverage.

7. Coordinated joint information assistance and outreaches with other agencies that serve the older adult residents of rural areas.
8. Sponsored and coordinated the 29th Annual Maui County Senior Citizen's Fair. Approximately 5,000 people participated in the event, held at the Queen Kaahumanu Shopping Center. A variety of senior citizen's club attended, including Hana, Molokai, and Lanai and sold food, crafts and produce to raise funds, and aging network agencies gave information about their services.
9. Continued to develop public and private partnership to promote wider community participation in reaching out to older adults in the rural areas.
10. IAO aides conducted community-wide outreaches in Molokai, Lahaina and Upcountry.
11. Provided technical assistance and on-site visits to contracted service providers especially those agencies that have offices in Molokai and Lanai.

D. Methods Used to Assure Service Preference to Older Adults who are Native Americans:

1. Coordinated with Kaunoa Senior Services a joint position that provided information assistance and outreaches to Hana and Keanae residents who are mostly Native Hawaiians. IAO staff also provided orientation and training to the Hana Senior Aide.
2. Coordinated and shared resources with Alu Like.
3. Provided elderly Native Hawaiians and other special populations with an arena to present their issues and concerns through public hearings.
4. Initiated community and interagency meetings, conducted on site visits to Molokai, Hana, and Lanai to assess needs and coordinate services in the remote and rural areas.

3. Extent Objectives Met

- A. Approximately 8,000 older adults have been assessed and registered in the Maui Aging Information System.
- B. Outreached and provided services to 790 Hawaiians.
- C. The older adults with greatest economic and social needs including the low income minorities are more informed of services, issues, and aging developments which empower them to make better choices and decisions.
- D. Action Medical provided personal care assistance in the evenings and on the weekends to help the older adults who have greatest economic and social needs remain at home.
- E. Provided information assistance to 33,000 older adults, family members, caregivers and rural residents through print media, cable television, West Maui Community Voices resource directory distribution, telephone and face to face contacts to inform them of available services.

- F. Coordinated with Senior Services Division and Alu Like to introduce modified Hawaiian diet in Hana to encourage participation of Hawaiians and rural residents in the nutrition program and other services.
- G. Coordinated with the Public Health Nursing, Adult Protective Services, Police Department, Legal Aid Society, and the churches to address the older adults with greatest economics and social needs including the low income minorities.
- H. MCOA coordinated with the for-profit agencies to help the older adults with greatest economic and social needs including the low income minorities to have equal access to existing programs and services.
 - 1. Commercial establishments such as Maui Mall, Kahului Mall, Azeka Place, Pukalani Terrace, Longs Drug, and others allowed IAO staff to set up informational tables in their premises.
 - 2. Corporate establishments such as the Queen Kaahumanu Shopping Center co-sponsored the annual senior fair.
- I. Provided culturally sensitive in-service training to aging network professionals.
- J. Coordinated workshops that advocated for the rights and protection of older adults with greatest economic and social needs including the low income minorities.
- K. Identified problem areas and overcame barriers in delivering services through monitoring, follow-up, needs assessment, satisfaction survey and coordination.
- L. Facilitated interagency referrals and follow-up of older adult clients.
- M. Recruited volunteers for Lahaina and Molokai Information Assistance and Outreach satellite offices.

PART III. Action Plans

D3. Targeting Services -- Previous Year's Targeting Outputs (FY 2002)

			Number of Persons Served				
Programs and Services	Total Fund Budget	FY02 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	Native American
Access							
Case Management	\$41,500 A	\$41,500	67	192	51	780	0
Information Assistance	\$231,346 NB, A, S	\$204,937.76	519	509	361	1972	1
Outreach	\$73,127 NB, A, S	\$64,907	226	220	179	658	123
Assisted Transportation	\$374,480 A, S	\$388,288	102	500	59	500	2
In-home							
Chore	\$19,500 A	\$21,300	154	171	85	171	0
Personal Care	\$178,093 A, O	\$178,093	36	91	23	91	0
Friendly Visiting	\$12,450 NB	\$12,450	17	21	8	21	0
Telephone Reassurance	\$8,550 NB	\$8,550	combined with Friendly Visiting	combined with Friendly Visiting	combined with Friendly Visiting	combined with Friendly Visiting	combined with Friendly Visiting
Home Delivered Meals	\$917,285 NC-2, S, A, PI	\$885,785	144	688	97	688	2
In-home Respite (Attendant Care)	\$33,631 NO, A	\$33,621	20	32	9	32	5

Programs and Services	Total Fund Budget	FY02 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	Native American
Community							
Adult Day Care	\$63,700 NO, A	\$63,700	19	80	19	80	0
Congregate Meals	\$817,822 NC-1, PI, S, O	\$805,822	31	276	19	1176	2
Recreation	\$396,134 NB, PI, S	\$395,634	129	0	85	2131	9
Legal							
Legal	\$60,400 NB, NO	\$61,073	195	0	139	330	2
Other							
Nutrition Education	\$5,000 NO	\$5,000	N/A	N/A	N/A	N/A	N/A
Public Education/ Awareness	\$73,127 NB, A, S	\$64,907	N/A	N/A	N/A	N/A	N/A
Caregiver Support	\$26,400 NB NO,	\$26,400	N/A	N/A	N/A	N/A	N/A

NB = Federal Funds (Title III-Part B)
 NC-1 = Federal Funds (Title III-Part C-1)
 NC-2 = Federal Funds (Title III-Part C-2)
 ND = Federal Funds (Title III-Part D)
 NF = Federal Funds (Title III-Part F)
 NO = Federal Funds (Other)
 A = State General Funds (General Funds)
 S = County Funds (Cash only)
 PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
 O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
 XS = County In-kind
 XO = Other In-kind

Note: Based on U.S. Administration on Aging, Maui County is considered as rural that the Rural category represents the total number of persons served. The Greatest Economic Need, Greatest Social Need, Low Income Minority and Native American categories are all subsets of the Rural category.

The allocation reflects only the State and Title III funds contracted by MCOA. Providers receive funding from other sources as indicated above.

PART III. Action Plans

E1. Waiver to Provide Direct Service

Maui County Office on Aging

(Area Agency)

JUSTIFICATION FOR AREA AGENCY'S

DIRECT PROVISION OF SERVICE

For the period beginning July 1, 2003 through June 30, 2007

Service Outreach

Title III Reference

- 306(a)(4)(B)** Provide assurances that the area agency on aging will use outreach efforts that will:
- 306(a)(4)(B)(i)** Identify individuals eligible for assistance under this act, with special emphasis on:
- 306(a)(4)(B)(i)(I)** Older individuals residing in rural areas;
- 306(a)(4)(B)(i)(II)** Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- 306(a)(4)(B)(i)(III)** Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- 306(a)(4)(B)(i)(IV)** Older individuals with severe disabilities;
- 306(a)(4)(B)(i)(V)** Older individuals with limited English-speaking ability; and
- 306(a)(4)(B)(i)(VI)** Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- 306(a)(4)(B)(i)(ii)** Inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

Funding Sources (FY 2002)

Title III	\$634,801
USDA Reimb.	\$106,429
State	\$530,553
County	\$609,513
Prog. Income	\$161,634
Other	\$ 28,093
Total	\$3,610,467

Justification

The Maui County Office on Aging needs to continue to provide Outreach services for the following reasons:

- a. In order to assure that the older adults of the County can make informed decisions regarding selection of services or programs that they desire or need, it is necessary that they receive comprehensive information from an informed and neutral (does not provide other direct services) source. It is difficult to assure that providers of direct services who are in competition with other providers of similar direct services would be neutral in provision of outreach.

This principle is evidently one of the basis for the Older American Act requirement that case management services (which is clearly in the same category of services as information assistance and outreach) be provided by (1) a public agency (like the Maui County Office on Aging) or (2) a nonprofit agency that does not provide and does not have a direct or indirect affiliation with an agency that provides services other than case management...(Sec. 306(a)(8)(C)(iii))
- b. The Maui County Office on Aging maintains satellite offices and sub-contracts outreach to provide outreach services to all districts of Maui County. This allows coverage for all the Maui County's older adults.
- c. In order for the Maui County Office on Aging to fulfill its role of planning, coordinating, and advocating, it needs accurate and unbiased sources of information to obtain facts and figures to determine the demand for services. Having the outreach staff allows the Maui County Office on Aging to gather reliable information or to quickly disseminate information as needed.
- d. The sheer volume of service providers, programs, and services with all of their different qualifying requirements requires that the outreach personnel be highly and constantly trained and updated in their knowledge of the available resources.

- e. Also the administrative staff of the MCOA gathers information to provide technical support for service providers, and to keep the aging network as well as legislators, businesses and others in the community informed on the demographics and the services for older adults in the County. This information compiled by the administrative staff is also useful to the outreach staff for accomplishing their work.

Conversely, the information gathered by the outreach staff as they conduct their public contact work adds to the ability of the administrative staff in evaluating the adequacy and quality of the aging programs and services.

- f. It is a fact that many providers do outreach for older adult clients. However, their outreach is usually limited to a much narrower scope of services and clientele when compared to the outreach services provided by the MCOA staff.

The very nature of the functions of the MCOA to advocate for the County's older adults, to assess the comprehensiveness, quantity and quality of services provided, to serve as the focal point of the aging network are all enhanced by its providing outreach.

The purposes of the Older Americans Act to insure access to outreach services for all the County's older adults and especially the economically and socially needy are best carried out by the MCOA delivering outreach service.

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

PART III. Action Plans

E2. Waiver of Priority Categories of Services

(Area Agency)

JUSTIFICATION FOR WAIVER

PRIORITY CATEGORIES OF SERVICES

For the duration of the Area Plan (2003-2007)

The Area Agency on Aging is required to spend at least 40 percent of its Title III-B allotment in the priority categories of services, with some expenditures occurring in each category. If the Area Agency on Aging wishes to waive this requirement, it must identify the category of service which will be affected and provide a justification and documentation as required by Section 306(b). If the waiver is granted, the Area Agency on Aging certifies that it shall continue to expend at least 40 percent of its Title III-B annual allocation for the remaining priority categories of services.

Priority Service

Check Category Affected

Access (Transportation, Outreach, and Information and Assistance, and Case Management Services)

In Home (Homemaker and Home Health Aides, Visiting and Telephone Reassurance, Chore Maintenance, and Support Services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).

Legal Assistance

Justification

PART IV

Funding Plan

PART IV. Funding Plan

A. Previous Year Expenditures for Priority Services (FY 2002)

Title III Part B Federal Funds Only

In accordance with the Older Americans Act [Section 306 (a) (2)] the Area Agency is disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

Service	Budgeted Amount (Dollars)	FY 02 Actual Expenditures	Actual % for Title III Categories
Access			
Assisted Transportation	\$ 0	\$ 0	N/A
Public Awareness/Education	\$ 35,375	\$ 28,652	
Information & Assistance	\$ 126,625	\$ 99,151.54	
Outreach	\$ 40,500	\$ 31,951	
Sub-total	\$ 202,500	\$ 159,754.54	
In-Home			
In Home Respite	\$ 0	\$ 0	
Sub-total	\$ 0	\$ 0	
Legal			
Legal Aid	\$ 54,000	\$ 54,400	
Sub-total	\$ 54,000	\$ 54,000	
Title III Part B Total	\$256,500	\$213,754.54	

PART IV. Funding Plan

C. Minimum Percentages for Title III Part B Categories of Services

For the duration of the Area Plan, the Area Agency on Aging assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in OAA Section 306(a):

<u>Categories of Services</u>	<u>Percent</u>
Access	.3242
In Home	.0100
Legal	.0658
	<hr/>
Total Percent	.4000

Appendices

Appendices

A. Assurances

- A1. Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964**
- A2. Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**
- A3. General and Program Specific Provisions and Assurances**
 - a. General Assurances**
 - b. Program Specific Assurances**
 - c. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15**
 - d. Certification Regarding Lobbying**

Appendix

A1. Assurances -- Assurance of Compliance with the Department of Health and Human Services Regulation under Title Vi of the Civil Rights Act of 1964

Maui County Office on Aging (hereinafter called the "Applicant") HEREBY

AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date April 15, 2003

Maui County Office on Aging
(Applicant)

By _____
(President, Chairman of Board, or comparable
authorized official)

200 South High Street
Wailuku, Hawaii 96793
(Applicant's mailing address)

Appendix

A2. Assurances -- Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 CFR, Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to § 84.5 (a) of the regulations [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on the behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in § 84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: {Check (a) or (b)}

a. () employs fewer than fifteen persons;

b. (X) employs fifteen or more persons and pursuant to § 84.7(a) of the regulations [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with HHS regulations:

MAUI COUNTY OFFICE ON AGING

Name of Designee - Type or Print

COUNTY OF MAUI
Name of Recipient - Type or Print

200 South High Street
Street Address

Employer Identification Number

Wailuku (IRS)
City

(808) 270 - 7755
Telephone Number

Hawaii State 96793 Zip

Area Code -

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and the Title of Authorized Official

If there has been a change in name or ownership within the last year, please PRINT the former name below:

Appendix

A3. Assurances -- General and Program Specific Provisions and Assurances

The _____ certifies that it will
subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM
SPECIFIC PROVISIONS AND ASSURANCES displayed in the following pages 136 through 146.

Date

Signature of Mayor or His/Her Designee

A3(a). Assurances -- General and Program Specific Provisions and Assurances -- General Assurances

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

1. General Administration

a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Assistant Secretary on Aging and by the Director of the Executive Office on Aging.

b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act.

d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

e. Management of Funds

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.

f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the

State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, areawide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.

k. Standards for a Merit System of Personnel Administration

The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

b. Non-Discrimination on the Basis of Handicap

All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.

c. Non-Discrimination on the Basis of Age

The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.

d. Civil Rights Compliance

The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. Provision of Services

a. Needs Assessment

The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.

b. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

c. Eligibility

The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

d. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

e. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. Non-Construction Programs

a. Legal Authority

The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.

b. Hatch Act

The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

A3(b). Assurances -- General and Program Specific Provisions and Assurances -- Program Specific Provisions and Assurances

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2000.

Section 306 (42 U.S.C. 3026) Area Plans

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall--

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas) residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community) evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

c. (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(c) as such focal Section 306(a)(2)(c) point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

- d. (A) (i) provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan;
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared:
 - (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service areas;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) provide assurances that the area agency on aging will use outreach efforts that will:
 - (i) identify individuals eligible for assistance under this Act, with special emphasis on:
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English-speaking ability; and

- (VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(6) provide that the area agency on aging will:

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for the older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

c. (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3));

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs

assisted under this Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of:

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act.

(7) provide that the area agency on aging will facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes, by means including:

(A) development of case management services as a component of the long-term care services, consistent with the requirements of paragraph (8);

(B) involvement of long-term care providers in the coordination of such services; and

(C) increasing community awareness of and involvement in addressing the needs of residents of long-term care facilities;

(8) provide that case management services provided under this title through the area agency on aging will:

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that:

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as 'older Native Americans'), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area;

(13) provide assurances that the area agency on aging will:

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(b) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area, and had conducted a timely public hearing upon request.

3. (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(d) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

5. (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

2. (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for:

- (i) providing notice of an action to withhold funds;
 - (ii) providing documentation of the need for such action; and
 - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
3. (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

In addition, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2000, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

**A3(c). Assurances -- General and Program Specific Provisions and Assurances --
Other Assurances As Related to the Code of Federal Register §1321.17(F) 1 to 15**

1321.17(f)(1)

Each Area Agency engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under 1321.11;

1321.17(f)(2)

Preference is given to older persons in greatest social or economic need in the provision of services under the plan;

1321.17(f)(3)

Procedures exist to ensure that all services under this part are provided without use of any means test;

1321.17(f)(4)

All Services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services;

1321.17(f)(5)

Older persons are provided opportunities to voluntarily contribute to the cost of services;

1321.17(f)(6)

Area plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;

1321.17(f)(7)

The State Agency on Aging will develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to Area Agencies where Area Agencies have been designated;

1321.17(f)(8)

The State Agency on Aging will require the area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts will place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

1321.17(f)(9)

Data collection from Area Agencies on Aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and

1321.17(f)(10)

If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan and the area plan will demonstrate the unmet

need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.

1321.17(f)(11)

Area Agencies will compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance will include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.

1321.17(f)(12)

Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part will be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(1) of the Act.

1321.17(f)(13)

The services provided under this part will be coordinated where appropriate with the services provided under Title VI of the Act.

1321.17(f)(14)

- (i) The State agency will not fund program development and coordinated activities as cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and Area Agencies on Aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and
- (iii) The State agency certifies that any such expenditures by an Area Agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

1321.17(f)(15)

The State agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency on Aging will meet all assurances as required under CFR §1321.53 - 1321.61, 1321.63 - 1321.75

**A3(d). Assurances -- General and Program Specific Provisions and Assurances --
Certification Regarding Lobbying**

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, to grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instruction.

(3) The undersigned will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements(s) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

MAUI COUNTY OFFICE ON AGING

Organization

	<u>County Executive on Aging</u>	<u>04-15-03</u>
Authorized Signature	Title	Date

NOTE: If Disclosure Forms are required, please contact:
Deputy Director
Grants and Contracts Management Division
Rm. 341F, HHH Building, 200 Independence Avenue
SE, Washington, D.C. 20201-0001

Appendix

B. Staffing

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
1. <u>General Administration</u>	<u>Descriptive Position Title</u>
Overall program administration	Executive on Aging
The statement of written procedures under the Act for carrying out all defined responsibilities	Executive on Aging
Responding to the views of older persons relative to issues of policy development and program implementation under the plan.	Executive on Aging
Hiring of staff resources	Director of Housing and Human Concerns
Organization of staff resources	Executive on Aging
Liaison to Council On Aging	Executive on Aging
Public relations/information	Executive on Aging
Over all program policy	Executive on Aging
Grants management	Program Specialist
Fiscal Management	Program Specialist
Personnel Management	Executive on Aging, EIAOB Supervisor, Clerk Steno III
Information management/reporting	Executive on Aging

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
2. <u>Program Planning</u>	<u>Descriptive Position Title</u>
Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people	Program Specialists
Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs	Program Specialists
Defining means for giving preference to older persons with greatest economic or social need.	Program Specialists
Defining methods for establishing priorities for services, conducting research and demonstration	Program Specialists
Resource identification/grantsmanship	Program Specialists
3. <u>Advocacy</u>	
Monitoring, evaluating and commenting on all plans, programs, hearings and community actions which affect older people	Executive on Aging
Conducting public hearings on the needs of older persons	Executive on Aging
Representing the interests of older people to public officials, public and private agencies or organizations	Executive on Aging
Coordinating activities in support of the statewide long term care ombudsman program	Program Specialist (EIAOB)
Conducting outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the area plan	EIAOB Supervisor, Senior Aides
4. <u>Systems Development</u>	
Defining community service area boundaries	Program Specialists
Designating community focal points	Program Specialists

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
Pursuing plans to assure the older people in the planning and service area have reasonably convenient access to services	Program Specialists
Entering into sub-grants or contracts with service providers	Program Specialists
Providing technical assistance to service providers under the area plan	Program Specialists
Pursuing plans for developing a system of services comprised of access services, in home services, community services and services to residents of care providing facilities	Executive on Aging, Program Specialists
Coordinating plan activities with other programs supported by Federal, State and local resources in order to develop a comprehensive and coordinated service system in the planning and service area	Program Specialists
5. <u>Program Maintenance</u>	
Monitoring performance of all service providers under the area plan	Program Specialists
Evaluating performance of all service providers	Program specialists
Providing feedback to providers and key decision-makers	Executive on Aging, Program Specialists
Assessing the meaning of monitoring and evaluation information on developing comprehensive and coordinated service for older people in the planning and service area	Executive on Aging, Program Specialists

Appendix

C. Population Needs and Areas of Concern

The following processes were used in identifying the issues and concerns of Maui County's older adults:

1. Research of Existing Data and Findings

MCOA gathered and analyzed data from published demographic information, reports, research materials and survey results. The information gathered was compared with in-house satisfaction surveys, quarterly reports, and annual reports.

2. MAIS (Maui Agency Information Systems)

The MAIS is a computerized information system which is used to gather data on persons 60 years and older living in Maui County. The data is collected through outreach efforts by the Information and Assistance, Outreach section of the Maui County Office on Aging and service providers contracted by the area agency. It asks for basic demographic information and other information related to education, income, housing, mobility, services, health and activities of daily living. It is used to assess the senior's conditions to determine eligibility and appropriateness of service and to make proper linkages. Retrieval of data on specific areas and categories enables MCOA to identify the gaps in services being provided and areas of concerns.

3. QPPR and Annual Reports of Contracted Providers

The contracted service providers submit quarterly and annual reports. In the report they include the profile of the clientele and the number of units provided. They also include a narrative report that describes the problems and other service needs that they encountered in providing services and their recommended solutions to enhance service delivery.

4. Consumer Satisfaction Survey

MCOA conducts a yearly client satisfaction survey to review and evaluate the contracted providers and their methodology of providing services. To improve and ensure that appropriate services are being provided, the consumers were encouraged to send their opinions and comments to improve the services that they receive. The consumers also provided insights on other services needed to enhance their independence.

5. Mathematica Policy Research, Inc. Survey, Final Report - February, 2003

Mathematica conducted a county-wide survey on older adult service needs and issues. The results were compiled to reflect an overall profile of the perceived service needs and major concerns of Maui County's older adult population. The survey also was categorized into districts, ethnic groups and other special populations to segregate specific issues and concerns of each special population group. The survey data used to produce these estimates were collected by Mathematica Policy Research in June-November 2002. See W. Black et al. (2003). The Community Partnership for Older Adults Program: A Descriptive Analysis of Older Adults in Maui County.

6. Community and Aging Network Meetings

To gather more detailed issues and concerns, community and aging network meetings were conducted, for each district of Central/South Maui, Upcountry, West Maui, East Maui, Molokai and Lanai. The community meetings were held in conjunction with Community Voices or other existing groups whenever possible to identify the distinct issues and concerns of each locale. Participants consisted of older adults, caregivers, community leaders, aging specialists, senior club representatives, and community resource persons with considerable knowledge in the field of aging.

Appendix

D. Glossary

1. Programs, Services, and Activities

Adult Day Care/Adult Day Health: Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction of adult day care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medications assistance and home health aide services for adult day health. (Instructions for Completion of Title III and VII State Performance Reports (SPR)).

Assisted Transportation: Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (Instructions for Completion of Title III and VII SPR). [Door-to-door transit service with assistance, Kupuna Care.]

Case Management: A service provided to an older individual, at the direction of the older individual or a family member of the individual-(i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and (ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and (B) includes services and coordination such as-(i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); (ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services-(I) with any other plans that exist for various formal services, such as hospital discharge plans; and (II) with the information and assistance services provided under this Act; (iii) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; (iv) periodic reassessment and revision of the status of the older individual with (I) the older individual; or (II) if necessary, a primary caregiver or family member of the older individual; and (v) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources. (OAA, Sec 102 (21)).

Chore: Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance. (Instructions for Completion of Title III and VII SPR).

Congregate Meal: Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, (d) provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals

shall be balanced and proportional in calories and nutrients. (Instructions for Completion of Title III and VII SPR).

Education and Training Service: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (3)).

Home-Delivered Meal: Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, (d) provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients. (Instructions for Completion of Title III and VII SPR).

Homemaker: Providing assistance to persons with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (Instructions for Completion of Title III and VII SPR).

Information and Assistance: A service for older individuals that: (a) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (b) assesses the problems and capacities of the individuals; (c) links the individuals to the opportunities and services that are available; (d) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and (e) serves the entire community of older individuals, particularly -- (i) older individuals with greatest social need; and (ii) older individuals with greatest economic need. (OAA, Sec 102 (29)).

Legal Assistance: Legal advice and representation provided by an attorney to older individuals with economic or social needs; and includes, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney, and counseling or representation by a nonlawyer where permitted by law. (OAA, Sec 102 (31)).

Nutrition Counseling: Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy. (Instructions for Completion of Title III and VII SPR).

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. (Instructions for Completion of Title III and VII SPR).

Outreach: Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (Instructions for Completion of Title III and VII SPR).

Personal Care: Providing personal assistance, stand-by assistance, supervision or cues for persons with the inability to perform one or more of the following activities of daily living: eating, dressing, bathing, toileting, transferring in and out of bed/chair or walking. (Instructions for Completion of Title III and VII SPR).

Senior Opportunities and Services: Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services; (c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

Transportation: Provision of a means of going from one location to another. Does not include any other activity (Instructions for Completion of Title III and VII SPR).

2. Services to Caregivers

Information Services: A service for caregivers that provides the individuals with current information on resources and services available to the individuals within their communities. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

Counseling: Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

Respite: Services which offer temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for caregivers. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

Supplemental Services: Services provided on a limited basis to complement the care provided by caregivers. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

3. Facilities

Adult Residential Care Home: A facility providing twenty-four hour living accommodations, for a fee, to adults unrelated to the family, who require at least minimal assistance in the activities of daily living, but who do not need the services of an intermediate care facility. It does not include facilities operated by the federal government. There are two types of adult residential care homes:

- (1) Type I home for five or less residents; and
- (2) Type II home for six or more residents. (Long Term Care Plan for Hawaii's Older Adults (LTCPhOA); Hawaii Administrative Rules, DOH, Chapter 100).

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA, Sec 102 (25)) .

Long Term Care Facility: Any (a) skilled nursing facility, (b) any nursing facility, (c) board and care facility, and any other adult care home similar to a facility or institution described in (a) through (c). (OAA, Section 102 (32)).

Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (33)).

Nursing Facility: A residential long-term care facility that provides 24-hour nursing care, skilled nursing care, and personal care on an inpatient basis. Also called skilled nursing facilities (SNF) and intermediate care facilities (ICF).

- (1) **Skilled Nursing Facilities:** An institution that has a transfer agreement with one or more participating hospitals, and that is primarily engaged in providing skilled nursing care and rehabilitative services to inpatients, and that meets specific regulatory certification requirements.
- (2) **Intermediate Care Facility:** an institution furnishing health-related care and services to individuals who do not require the degree of care provided by hospitals or skilled nursing facilities as defined under Title XIX (Medicaid) of the Social Security Act. (LTCPHOA).

4. **Special Populations and Definitions Related to Special Populations**

Impairment in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (Instructions for Completion of Title III and VII SPR).

Impairment in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (Instructions for Completion of Title III and VII SPR).

Adult Child with a Disability means a child who: (A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 102 (15)).

Child: An individual who is not more than 18 years of age. (OAA, Sec. 372 (1)).

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual. (OAA, Sec 372(2)).

Grandparent or Older Individual who is a Relative Caregiver: A relative caregiver means a grandparent or stepgrandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older and-(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the

child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

Disability: (Except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (8)).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (23)).

- (1) Abuse: The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (13)).
- (2) Exploitation: The illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit, or gain. (OAA, Sec 102 (24)).
- (3) Neglect means: (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (34)).
- (4) Physical Harm: Bodily injury, impairment, or disease. (OAA, Sec 102 (36)).

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (26)).

Grandparent or other older relative caregiver of a child: A grandparent, step grandparent or other relative of a child by blood or marriage, who is 60 years of age or older and (a) lives with the child; (b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally. (Reporting Requirements for Title III and VI of the Older Americans Act, June 2002).

Greatest Economic Need: The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (27)).

Greatest Social Need: The need caused by noneconomic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28)).

Living Alone: A one person household (using the Census definition of household) where the

householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (Instructions for Completion of Title III and VII SPR).

Poverty: Persons considered to be in poverty are those whose income is at or below the official poverty guideline (the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)). (Instructions for Completion of Title III and VII SPR; and Administration on Aging Federal Register Notice: 2001 HHS Poverty Guidelines).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (35)).

Poverty Line: The official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)). (OAA, Section 102 (38)).

Rural: An area that is not urban.

- (1) Definition 1: Beginning with FY 97, the Administration on Aging introduced a standard definition for rural for purposes of SPR reporting. A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (Instructions for Completion of Title II and VII SPR).
- (2) Definition 2: For Census 2000, the Census Bureau classifies “urban” as all territory, population, and housing units located within an urbanized area (UA) or an urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of: core census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile. In addition, under certain conditions, less densely settled territory may be part of each UA or UC. The Census Bureau’s classification of “rural” consists of all territory, population, and housing units located outside of UAs and UCs. The rural component contains both place and nonplace territory. Geographic entities, such as census tracts, counties, metropolitan areas, and the territory outside metropolitan areas, often are “split” between urban and rural territory, and the population and housing units they contain often are partly classified as urban and partly classified as rural. (US Census Bureau, April 2002).

Severe Disability: Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (9)).

5. Ethnic Groups

African American, Not of Hispanic Origin: A person having origins in any of the black racial groups of Africa. (Instructions for Completion of Title III and VII SPR).

American Indian or Alaskan Native : A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Instructions for Completion of Title III and VII SPR).

Asian American/Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and the Hawaiian Islands. (Instructions for Completion of Title III and VII SPR).

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. (Instructions for Completion of Title III and VII SPR).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (5)).

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601).

Native Hawaiian: Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (Reporting Requirements for Title III and VII of the Older Americans Act, June 2002).

6. Other Definitions

Aging Network: The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (16)).

Area Agency on Aging: An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (17)).

Assistive Technology: Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10)).

Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

Planning and Service Area: An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (37)).

Minority Provider: A not for profit organization whose controlling board is comprised of at least 51% minority individuals or a business concern that is at least 51% owned by one or more individuals who are either an African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority or a publicly owned business having at least 51% of its stock owned by one or more minority individuals and having its

management and daily business controlled by one or more minority individuals. (Instructions for Completion of Title III and VII SPR).

Title III: The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

Sources:

Instructions for Completion of Title III and VII SPR: Instructions for Completion of Title III State Performance Reports, 1997.

Kupuna Care: Kupuna Care, in-home and community based long term care program for Hawaii's frail elders, 1999.
LTCPHOA: Long Term Care Plan for Hawaii's Older Adults, 1988.OAA: Older Americans Act, As Amended in 2000.
Reporting Requirements for Title III and VII of the Older Americans Act: Reporting Requirements for Title III and VII of the Older Americans Act, June 2002 (Draft).
US Census Bureau: US Census Bureau Definitions, April 2002.

Appendix

E1: Public Hearings, Evaluations -- Responses to Testimonies for 2003 - 2007 Area Plan

The public hearings for the Maui County Office on Aging's Area Plan for the period 10/1/03 to 9/30/07 took place as follows:

a.	Wailuku	9 attendees	March 31, 2003
b.	MCOA	20 attendees	April 1, 2003
c.	Molokai	13 attendees	April 2, 2003
d.	Lanai	6 attendees	April 3, 2003
e.	Kihei	8 attendees	April 4, 2003
f.	Lahaina	5 attendees	April 7, 2003
g.	Hana	9 attendees	April 8, 2003

There was one written testimony submitted. It is printed in its entirety on the following page and was critical of a specific aspect of the Area Plan, namely the Funding Plan found on page 129. It prompted a review of the form and resulted in a correction of a numerical error found therein. It is expected that the correction, which maintains level funding throughout the four years of the plan, will answer the concerns expressed by MEO.

No other formal testimonies were submitted. Many participants expressed comments which fell into one of two categories: those supportive of the plan, and those asking for expanded and increased services. While none of these noted any portions of the plan in particular, most reiterated the needs expressed in the community network meetings and it is felt that most of these comments will be best addressed by MCOA in these forums. Topics include the need for increased public awareness of the incapability of government to meet the expanded needs of the aging population, more efforts to expand services to areas currently underserved, and a desire to see such efforts as the Maui Long Term Care Partnership continue.

MCOA will actively nurture these comments through the networks they have established.

Appendix

E2. Public Hearings, Evaluations -- Area Plan 2003 to 2007 Written Testimonies in Support of Maui County Office on Aging's Information Assistance and Outreach Services

Appendix

F. Additional Costs of Providing Services Under Title III to Older Individuals Residing in Rural Areas

Rural Areas	FY2002 Actual Costs	Projected Costs
Maui	\$	\$

Appendix

G. Area Agency on Aging Activities

The Maui County Office on Aging proactively carries out, under the leadership and direction of the State Unit on Aging, a wide range of functions and activities related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based systems in or serving each community in the planning and service area. This area agency on aging assures that the activities performed are in conformance with the public purpose responsibilities of the area agency on aging as provided by laws, rules and regulations, and policy and procedures of the State Unit on Aging.

Signature of Authorized Official

Date

Appendix

H. Eldercare

In accordance with the Older Americans Act, Section 306(a)(14), the Maui County Office on Aging will:

306(a)(14)(A)

maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

306(a)(14)(B)(i)

disclose to the Commissioner and the State Agency:

306(a)(14)(B)(i)

the identity of each non governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

306(a)(14)(B)(ii)

the nature of such contract or such relationship;

306(a)(14)(C)

demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

306(a)(14)(D)

on the request of the Commissioner or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

The Maui County Office on Aging have contracted services with the following service providers to provide the necessary services:

Action Medical Personnel, Alzheimer's Association, Department of Health - Public Health Nursing, Interim Health Care, Kaunoha Senior Services Division, Legal Aid Society of Hawaii, Maui Adult Day Care, Maui Economic Opportunity, Maui Interfaith Volunteer Caregivers and Molokai General Hospital